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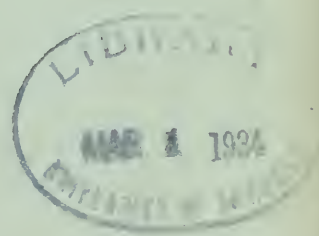
JOURNAL.



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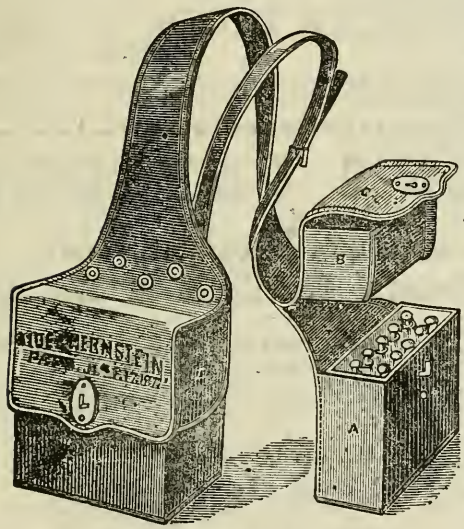

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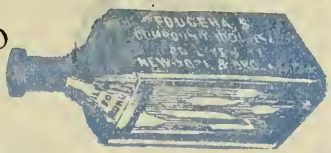
COMPOUND  IODINISED

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C. W. STEVENS, M. D., and C. H. HUGHES, M. D., Diseases of the Nervous System.
I. N. LOVE, M. D. Anatomy.
W. E. FISCHEL, M. D., Diseases of Children.
THOS. KENNARD, M. D., Venereal Diseases.
F. J. LUTZ, M. D., Surgery (from German).
HOMER JUDD., M. D., D. D. S., W. H. EAMES, D. D. S., and A. H. FULLER, M. D., D. D. S., Dental Medicine.
H. C. FAIRBROTHER, M. D., Physiology.
Y. H. BOND, M. D., Diseases of the Rectum.
FRED. T. LEDERGERBER, ESQ., Legal Questions Connected with Practice of Medicine.

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☞ *Contributions from most of the above list of prominent physicians have appeared in the Journal during the year and are a sufficient guarantee of its popularity and excellence.* ☜

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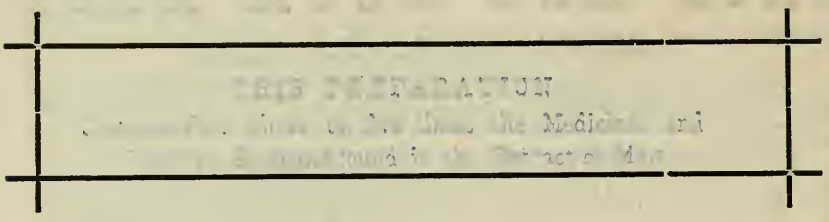

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MALTINE **With Hops.**

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This combination is specially indicated in Anæmia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

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A powerful general and nutritive tonic.

MALTINE **With Phos. Iron, Quinia and Strychnia;**

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have now an established position throughout the civilized world as important therapeutical agents. A *perfect combination* of the two has long been a desideratum, since they are both of value in the same disorders, while the cases in which one is demanded and the other contra-indicated are exceedingly rare.

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With regard to the former, it has been decided by the highest chemical and medical authorities that *phosphorus* should be administered *in a free state*, and in a vehicle which ensures its *perfect diffusion*, its *absolute unalterability*, and, as far as possible, its *prompt assimilation* without the gastric irritation to which the ordinary methods of exhibiting the agent give rise. It is well known that pills, emulsions, solutions in ether, chloroform, vegetable oils and resin, etc., have all failed to fulfill one or more of these conditions. Even an ordinary solution of phosphorus in cod-liver oil would not answer the purpose in all respects. We claim, however, that PHOSPHOROLE completely satisfies all the conditions. From the method of preparing it, in an atmosphere of dry carbonic acid, the phosphorus is *entirely dissolved without oxidation*, and by our mode of manipulation *a positive uniformity of strength* is ensured. It is then promptly bottled and sealed, and its *stability and permanence* thus secured. The exact amount of phosphorus in each dose is known, its efficiency is ensured, and the irritant effects upon the stomach are reduced to a minimum by the blandness of the oil. As a means then of administering *phosphorus* in the many cases in which it is indicated as a *nervous tonic and stimulant*, it is claimed that PHOSPHOROLE is the best attainable in the present state of our knowledge.

The value of *cod-liver oil* in phthisis is so familiar to the physician that it is needless to dwell upon it. But the value of *phosphorus* is also universally recognized in this disease, especially when complicated with nervous derangements. The *combination* of the two therefore furnishes a more effective form for the administration of cod-liver oil in the great majority of cases in which that remedy is indicated, and one which will at once commend itself to the profession.

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THE

SAINT LOUIS

MEDICAL AND SURGICAL

Journal.

VOL. XXXVII——NOVEMBER, 1879——NO. 5.

Original Contributions.

ARTICLE XVI.

PARTIAL FORWARD DISLOCATION OF THE HEAD OF THE HUMERUS, OR BACKWARD DISPLACEMENT OF THE TENDON OF THE LONG HEAD OF THE BICEPS FLEXOR CUBITI—REPLACED AFTER THE LAPSE OF ONE MONTH. By DAVID PRINCE, M. D., of Jacksonville, Ill.

John Lidell Baker, of Barry, Ill., aged seventeen, fell from a loaded wagon which he was driving, and a hind wheel is supposed to have passed over his chest and shoulder. After a short period of insensibility he rode to the house and had liniment applied, not knowing that there had been a displacement.

One month elapsed before the patient was examined with care, when it was discovered by his father, Dr. A. C. Baker, that the head of the humerus was too far forward. On careful examination it was found that the axis of the humerus corresponded

with the forward position of the head of the humerus, making it plain that there had been no fracture.

The antero-posterior movement of the humerus was good, whether passive or by volition. The outward and upward movement in the direction of the contraction of the long head of the biceps and of the central fibers of the deltoid could be effected only to a limited extent. The greater or posterior tuberosity impinged upon the projection of the acromion, and refused to slide under it, as in the normal relations of the parts. The coracoid process could be felt in its normal relation with the clavicle and with the acromion.

The diagnosis was made out to be displacement of the tendon of the long head of the biceps flexor cubiti, backward and outward over the great tuberosity, so as to lie across the glenoid cavity, crowding the head of the humerus forward, and restricting its occupancy to the anterior half of the glenoid cavity.

This implies that the insertions of the supra-spinatus and the infra-spinatus into the outer tuberosity of the humerus had been detached at the time of the injury. The detachment of the teres minor would permit the tendon to fall still lower, and increase the difficulty of reduction. The tendon being torn from its lodgment in the bicipital groove, and thrown over behind the head of the bone, would retain it in a forward position upon the anterior rim of the glenoid cavity.

The reason why this accident is rare (and by some thought impossible), is the breadth and firmness of the muscles, which must be torn from their connection with the bone before the bicipital tendon can be displaced backward. The forward displacement of the tendon meets with less impediment from the subscapularis muscle, the detachment of which is necessary to the displacement, and is therefore more frequent, though extremely rare in surgical literature.

Entertaining this theory of the case, the rational plan of reduction (under ether) was conceived to be:

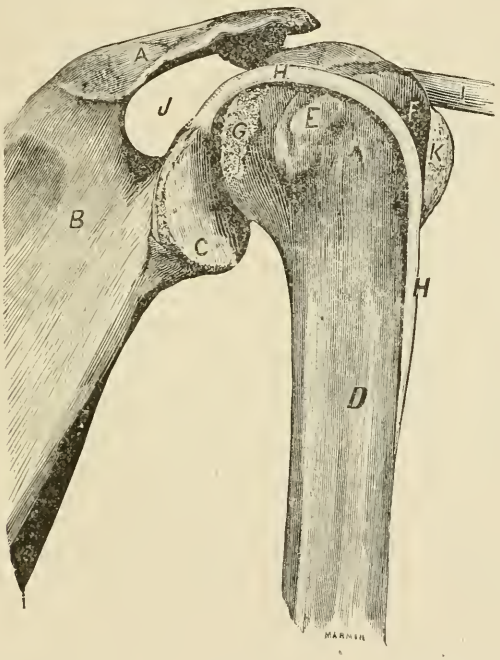
1st. The flexion of the forearm.

2d. The outward rotation of the arm.

3d. Circumduction, first backward, then outward, upward, and lastly forward and downward.

The first round failed to bring the head of the humerus into position. The second round was successful. The prominence of the head of the humerus disappeared, and the arm became capa-

ble of all its normal movements. The result justified the theory of the case. The treatment resulted in nearly complete absence of deformity, but after the lapse of several weeks a projection remained over the groove in the humerus in which the tendon normally lies, from which it is inferred that the tendon did not settle into its groove, but remained upon the deposit which is supposed to have filled the groove during the thirty days between the time of the injury and that of the reduction.



(A.) Acromion process. (B.) External face of the scapula. (C.) The articular surface or glenoid cavity of the scapula. (D.) The humerus. (E.) The insertion of the teres minor into the greater tuberosity. (F.) The insertion of the supra and infra spinatus, which are supposed to have been detached. (K.) The internal tuberosity—the groove for the tendon lying between the tuberosities. (H. H.) The displaced tendon. (I.) The clavicle disappearing behind the head of the humerus, and reappearing to be attached to the acromion process. (J.) Open space under the acromion.

The coracoid process is hidden by the articular projections of the scapula and the humerus.

Besides this, the displaced tendon must have carried with it a portion of the capsular ligament through which it passes, to-

gether with the distal attachment of the supra and the infra-spinatus. The reduction of the tendon, with its accompanying mass of capsule and muscle, may still have failed of a complete restoration of the tendon to its proper groove.

The foregoing figure illustrates the conception of the case:

The rareness of the case makes it proper to make the following references to the literature of the subject. I have been aided by Dr. J. W. Freeman in making this collection of references:

Bryant (Surgery, first American Edition, pp. 900), in speaking of displacement of tendons, describes one of the peroneus longus, and further on says: "It is a question whether any other tendon can be similarly displaced; it has been said that the long tendon of the biceps flexor cubiti may be, but it has never been demonstrated."

Dr. Frank H. Hamilton (Fractures and Dislocations, first edition, pp. 567–70) quotes several authors in relation to partial dislocation of the head of the humerus, but he maintains that "such an injury as a traumatic accident has not yet been established and the anatomical structure of the joint renders its occurrence exceedingly improbable, if not impossible."

Dr. Hamilton refers to the case of Sir Astley Cooper as a subcoracoid dislocation. In reference to the cases of Hairgrove and Dupuytren, he says it is quite probable that a majority of these accidents were examples of rupture or displacement of the long head of the biceps. He quotes John G. Smith from *Amer. Jour. Med. Sciences*, vol. XVI, p. 219, May, 1835; from *London Med. Gazette*, and Mr. Soden, same, vol. XXIX, p. 480; from *London Med. Gazette*, July, 1841, and Dr. Alfred Mercer, *Buffalo Med. Journal*, vol. XVI, p. 641, April, 1859, and says: "By a number of dissections it has been shown that the head of the humerus can be drawn upward and forward in its socket until it rests against the two processes and the craco-acromial ligament."

The conclusion of Dr. Hamilton would be unanswerable if it were not supposed that the subscapularis is detached for a forward displacement on the one hand, and on the other hand the detachment of the supra and the infra-spinatus for a backward displacement.

The case of Sir Astley Cooper (Cooper's Lectures on Fractures and Dislocations near the Joints, Am. ed. 1844, p. 352) was one of anterior displacement of the long head of the biceps and a cut is given showing the result of dissection, the patient

having some time afterward died from fracture of the skull. The case had been considered obscure until the dissection cleared up the obscurity.

Dr. Gross (Surgery Vol. II, p. 78, fifth ed., refers in general terms to ruptures and displacements of the long head of the biceps.

J. Mason Warren (Surgical Observations and Cases, p. 352,) quotes Malgaigne as relating a case of displacement of the long head of the biceps giving the appearance of partial dislocation.

Erichsen in his Surgery, Am. edition of 1878, Vol. I, p. 478, mentions the injury but gives no original observations.

The only case of outward displacement of the long tendon of the biceps to be found in the list of writers here quoted, is found in the chapter by W. H. Flower in Holmes' Surgery, (4 volumes) vol. II, p. 573.

In this case the long tendon of the biceps was found displaced to the outer side of the head of humerus, the preparation being deposited in the museum of St. George's Hospital. In this case the coracoid process was fractured and the deltoid torn so as to be transfixed by the head of the bone. From these quotations it appears that the displacement of the long head of the biceps outward, without extensive injury of the joint or of its surroundings, is of such rare occurrence as to be worthy of especial attention.

From the nature of the anatomy, this displacement cannot take place without laceration of the capsule. This, however, does not imply extensive injury. It is doubtful whether a complete dislocation of the head of the humerus can take place in any direction without rupture of the capsule, unless there is an unnatural relaxation of the capsular ligament. From the facility of the cicatrization of the rent capsule, not opened to the air, it is not to be wondered at, that subsequent dissection has failed to reveal the occurrence of laceration in those cases in which death has not speedily followed the injury. It may be said as a practical hint, that one's diagnosis of this and other cases of rare and obscure displacement, is not much aided by a historical knowledge of the surgery. It is chiefly by a knowledge of the anatomy that one must rely for a discernment of the relations of the parts in instances of obscure deformities. This case is reported therefore, not so much for any practical benefit to the profession as for making the literature of the subject more complete and to

show from anatomical considerations that the displacement is rendered possible by supposing the detachment of some of the muscles which are intimately connected with the capsular ligament which must itself be torn or displaced along with the tendon which passes through it.

ARTICLE XVII.

CASE OF HEMIPLEGIA AND APHASIA WITH POST MORTEM EXAMINATION.

By A. A. HENSKE, A. M., M. D., of St. Louis.

Eight years ago, P. C., a native of Ireland and a railroad laborer, was struck with an iron bar on the left side of his head, by which he was stunned and remained unconscious for several days. He recovered from the immediate effect of the stroke but his right side was paralyzed, the limbs of the affected side somewhat contracted and the sensibility lessened. There was complete aphasia.

When he came under my observation, September, 1877, he was unable to utter any other word than "no," with which he answered any question, using it for affirmation as well as for negation. His intellect seemed to be clear, he being able to make himself understood by nodding or shaking his head and by gesticulating with his left hand. For instance, being asked how old he was and having some numbers mentioned to him, he would say "No," and shake his head if they were wrong, and say "No" and nod his head, if right. The expression of his face and gestures were intelligent and impressive.

Within the last two years, the vocabulary he made use of increased considerably. He became able to say "yes," "water," "milk," "God damn," "left him alone" (for leave me alone), etc. Since last June the symptoms of paralysis gradually increased and extended, the patient became more apathetic, grew entirely imbecile and was afflicted with extensive bedsores and passed his excrements involuntarily.

Within the last few months he experienced attacks similar to epileptic paroxysms, mostly at night, and disturbing the inmates of the house by loud screaming during these spells.

October 10th he died of marasmus, having been comatose for nearly 48 hours. His age was 59 years.

There was no history of rheumatism and no organic disease of the heart.

The autopsy revealed softening of the brain tissue of part of the middle and posterior portion (second and third convolutions) of the left anterior lobe and of the anterior portion of the left middle lobe. The convolutions of the island of Reil were destroyed, the left corpus striatum also affected. The softened brain substance had the appearance of a thick, yellowish, creamy liquid. Other parts of the brain appeared to be normal.

There was no trace of a fracture of the skull nor a depression, but there were cicatrices on the scalp over the affected region.

Article XVIII.

Report of Two Successful Cases of "Excision of Hip." By W. B. Craig, M. D., of St. Joseph, Mo.

At the solicitation of numerous friends, I desire to present to them through the medium of your valuable Journal, a brief history of two cases of resection of the hip-joint for morbus coxarius. I am aware that in your city this is an operation held in high esteem by the majority of surgeons, and is frequently performed, yet a few discountenance it entirely as a justifiable operative procedure, and their position in the profession undoubtedly carries great weight to support such theory and practice as their belief is founded upon. The principal argument advanced being, "that those patients suffering from hip disease in its third stage are so thoroughly impressed with some 'constitutional vice,' scrofula or tuberculosis, they must inevitably succumb, in spite of every effort put forth in their behalf, and that excision only hastens the end."

Our own community, I am pained to confess, is not without such thinkers, and much injury to humanity has resulted at the hands of those votaries at its shrine. However, the etiology and pathology of this affection is so well understood generally, that it is not necessary for your humble servant to attempt any

rehash of either, yet upon a proper knowledge of each depends the success of our treatment. The importance of this cannot be overestimated.

With a single explanation I proceed to report these cases: That both were in poor families, one of which was compelled to seek aid from the city authorities, their habitation being hardly sufficient to protect them from the weather. In addition to this, it was impossible for me, under the circumstances, to procure either a wire cuirass or breeches This, of itself, militated much against the success of the cases, especially as regards the length of the limbs. I was therefore compelled to improvise my own apparatus.

CASE I; Jan. 31st, 1879—Was assisted by Dr. Geiger, the medical class of the St. Joseph Hospital Medical College being present. Name, Henry Veraguth. German, æt. 10 years. The disease was first noticed three years previously, developing itself a short time after being thrown upon his hip; was at this time perfectly robust and healthy.

Diagnosis: Morbus coxarius, third stage. The left leg, several sinuses about the hip and back; none in the groin, all leading to dead bone. The leg flexed upon the thigh, and the thigh upon the pelvis, adducted and atrophied.

Method selected, Adams' T-shaped incision down to trochanter. The periosteum was then divided at right angles to the first incision, and stripped from the bone. The head and neck of the femur was then thrown out from the acetabulum and sawn off; likewise one and one-half inches of its shaft. By thus stripping off the periosteum the muscular attachments were preserved, upon which depends, to a great extent, the future usefulness of the limb. The acetabulum was considerably diseased, consequently all suspected tissue was removed, the wound syringed out and plugged with oakum saturated with carbolized balsam of Peru, and its edges approximated at its superior extremity by silk sutures, and the entire dressing supported by adhesive straps.

We then applied Buck's extension, temporarily, placed the little patient in bed, and administered an opiate. No severe surgical fever ensued, and at the end of forty-eight hours the wound was dressed as before, and once every twenty-four hours afterwards for about six weeks. A Dupuytren splint was applied as a permanent apparatus for extension. At the expiration of two

months we adjusted along hip splint and permitted the patient to use crutches. The bone reformed very rapidly, and by daily passive motion anchylosis was prevented, and a useful joint resulted. He can now bear considerable weight upon the limb, and all sinuses have healed. Amount of shortening, two inches.

September 30th, 1879.

Case II.—February 12th, 1879. I was assisted by Drs. Christopher and Doyle; the medical class also were present. Name, D. Taylor, æt. ten years. Family history good. Disease of five years' standing.

Diagnosis: Morbus coxarius, third stage, right thigh; three sinuses over hip, and two in the groin, one of which was ulcerated at its orifice to the extent of two inches. The probe lead to dead bone through each sinus. Suppuration very abundant. The limb in position of the third stage and remarkably atrophied. The little girl was almost moribund at the time of the operation.

Her father stated that "she had been treated by seventeen 'doctors' in all, among whom was the noted Paul Kastor, of Ottumwa, Ia."

The method employed was Sayre's semi-lunar incision, commencing at a point midway between the anterior superior spinous process of the ilium and the great trochanter, carried down to the bone over the joint to a point corresponding to the middle of the trochanter major, in all four inches in length.

The usual T-shaped incision was then made in the periosteum, which was peeled off the bone with the elevator, the attachments of the muscles being thus preserved, likewise the insertion of the obturator externus to the digital fossa was severed by hugging the bone closely; thus avoiding the terminal branches of the internal circumflex, the only artery likely to be wounded from which troublesome hemorrhage might ensue. The head and neck of the thigh bone being thus relieved of their attachments were easily thrown without the joint and removed by the finger in the absence of a chain saw.

Upon examination, the shaft was found to be necrotic centrally to a considerable extent, with also a limited peripheral exfoliation, which necessitated the removal of two inches of it; a slightly carious condition of the cancellous structure was permitted to remain from the fact that this tissue in early life undergoes such

rapid repair and alteration according to Frank H. Hamilton and others. The result more than verified the correctness of such practice.

The acetabulum proved to be completely broken down and denuded of covering, its center perforated, nothing intervening between it and the cavity of the pelvis but the internal periosteum. Likewise the rim of this cavity was dead and blackened and from the joint escaped a dark, grumous pus and detritus of dead and dying osseous tissue.

By means of the gouge and elevator, all carious tissue was removed, the joint syringed out and all spicula of bone, blood, pus, etc., swept away. The wound was then packed with oakum saturated with carbolized Peruvian balsam, the lowest portion of its edges united by sutures, and the whole supported with strips of moleskin plaster passed over the joint and around the hips. The limb was then placed in a straight position and a pulley and weight attached.

In addition to this operation, it was thought proper to resect a portion of three tarsal bones, which had been diseased for some time, and from which two sinuses lead. These were enlarged, the carious tissues gouged out and a seton of oakum, medicated, passed through one and out of the other opening, and renewed daily by twisting fresh oakum upon one extremity and pulling it through the wound.

The little girl was then placed in bed, covered with warm clothing, and soon reacted perfectly. She was placed under the influence of opium for the first twelve hours, but required no anodyne thereafter. The wound was left untouched for the first forty-eight hours; then it was dressed as before, once every twenty-four hours. In addition, a Dupuytren splint was applied in place of the pulley, modified to suit the case and its surroundings.

At the expiration of two months a Sayre's short splint was adjusted, and the patient permitted to go about on crutches. No unfavorable circumstance arose, although her condition prior to the operation and her surroundings were anything but favorable to recovery, and it was at her earnest request and that of the family that I consented to risk an operation.

At this date (Sept. 30th, 1879) she is in good health, can bear the weight of her body on the limb, and run and play, still using one crutch. Motion at joint is good; bone reformed rapidly and perfectly. The amount of shortening is two inches, which

is amply compensated for by an extra heel and sole to shoe. Had it been possible to obtain either wire breeches or a cuirass, we believe the amount of shortening would not have exceeded one-half inch.

ARTICLE XIX.

NOTES ON LITHOTRITY. By REUBEN A. VANCE, M. D., of Cincinnati, O.

In what cases is lithotrity the best measure for the surgeon to adopt? This question is to be answered by stating that, in all cases in which any operation is advisable, lithotrity is to be chosen, provided—

1st. The urinary passages admit a lithotrite with ease, and permit it to be used with freedom; and,

2nd. That the nature and size of the stone is such that it can be crushed with advantage.

When a surgeon is brought face to face with a case of vesical calculus, and required to apply all the resources of his art for the relief of the sufferer, he knows that practically there are but two measures at his command; he can either cut the patient and remove the calculus, or pass an instrument and crush the stone *in situ*. The choice is between lithotomy and lithotrity. In determining in a given case the preferable measure to adopt he is guided, to a certain extent, by the experience of the profession. This says lithotomy and lithotrity are not to be regarded as rival methods, one of which is destined to supercede the other; but they are rather to be viewed as supplementing each other, each having its special application to particular conditions, which should be carefully discriminated. The conscientious surgeon should aim, in every instance, to relieve his patient by the painless and comparatively safe process of crushing, provided there is nothing in the case absolutely requiring a resort to the knife rather than to the lithotrite.

Looking, therefore, upon all cases of vesical calculus as subjects for lithotrity, let us review the indispensable requisites for that operation. These have been already detailed, and can be summarized by saying that the preferable operation in all cases

in which the stone will yield to the lithotrite, is by crushing, provided it is desirable to operate at all, and that the urinary passages are large enough to admit the instrument with ease, and are not so delicate but that it can remain in the bladder for a few moments at a time.

Is it desirable to operate at all? To this question a negative answer must be returned in very many cases. Patients who suffer from advanced Bright's disease, aneurism of one or the other of the great vessels, organic disease of the heart, and the like, are manifestly not subjects for lithotrity or any other capital operation. A microscopical examination of different specimens of the urine should be made sufficiently often to convince the operator not only that he is not dealing with a case of incurable kidney disease, but that the patient before him is free from organic degeneration or purulent inflammation of the bladder; for experience shows that suppuration of its walls and villous disease of that organ may, and not infrequently do, cöexist with vesical calculus. The size of the urethra and the degree of irritability of the urinary passages are very important elements in the question of lithotrity or lithotomy. The smaller size and greater degree of irritability of the genito-urinary passages in a child renders the crushing operation less applicable than a resort to the knife.

With advancing years this necessity for the employment of the knife grows less and less, until in many cases in which the patients are still under puberty, the choice between the two operations will depend either solely or in a very great degree upon the ability of the surgeon to overcome vesical and urethral irritability, so that the lithotrite can be tolerated in the bladder for a number of minutes in succession. A judicious and skillful surgeon can overcome this hyperæsthesia in all cases where the passages are of a size to allow the entrance of a lithotrite, and it thus becomes evident that in the hands of such an operator the number of cases in which it will be possible to substitute the crushing for the cutting process will be much greater than in the hands o one who blindly follows the rule rather than strives to overcome contra-indications. The amount of obstruction afforded by a stricture of the urethra or an enlarged prostate body, whether occurring alone or complicated by urinary fistulæ and chronic cystitis, can only be estimated in each individual case. Stricture or prostatic enlargement can only negative crushing when the obstruction is so great as to interfere with the proper manipula-

tion of the lithotrite. The chronic cystitis of stricture and enlargement of the prostate, when attended by atony of the vesical walls, is accompanied by great tolerance on the part of the mucous membrane lining that organ—a degree of tolerance that makes that structure indisposed to take on inflammatory action when subjected to the irritation arising from the presence of fragments of stone, and prevents our including this form of inflammation of the bladder among the conditions contra-indicating the operation.

Again, in cases where the general bodily health is such as to admit of an operation, and the state of the urinary organs favors lithotrity, a crushing operation may be rendered impracticable by the size or the composition of the calculus. Thus, when the stone is of oxalate of lime, and exceeds an inch in diameter, it may be mechanically impossible to crush it by any force that can be safely brought to bear upon it by the lithotrite. In a very large uric acid stone, or a stone composed in great part of phosphatic salts, although within the power of an instrument to crush, yet the number of sittings necessary, and the length of time during which the fragments would necessarily be in immediate contact with the lining membrane of the bladder, are circumstances which often induce the surgeon to resort to the knife rather than the lithotrite.

Statistics show that stone is most common in individuals between fifty and seventy. The teaching of authorities other than Thompson placed childhood in the van, but the researches of the latter demonstrate the fact to be as just stated. The difference of opinion on this subject is due to this: while childhood furnishes the vast majority of cases of this affection, yet, compared with the relative number of individuals of each class living at the time, it is amongst elderly adults that stone is most commonly found. To be more specific, taking individuals of each class relatively to the number of that class living at the time, the most favorable period for calculus is from fifty-five to seventy-five; the next is that below puberty; and the most rare, that of middle age. Nevertheless, it is an important fact to be borne in mind in this connection, that one-half of the total number of hospital cases occur in patients under thirteen years of age.

A word as to the varieties of calculi, and the numerical proportion of the different sorts. If we include in one group the uric acid stones and the stones compounded of the urates of pot-

ash, soda and ammonia, and in another the calculi formed by the union of phosphoric acid with lime, magnesia and ammonia—the ammonio-magnesian calculus, the fusible calculus and the calculus of phosphate of lime—leaving for a third group the oxalate of lime stones, and on account of their comparative rarity omitting the infrequent cases of calculi composed of carbonate of lime, cystine and xanthine, the relative frequency of different varieties can be estimated as follows:

Calculi of uric acid and the urates	60 per cent.
Phosphatic calculi	36 per cent.
Oxalate of lime calculi	4 per cent.

The following facts should always be borne in mind when discussing the life-history of vesical concretions: The nuclei of stones of either class may form in the kidney, and only live the latter part of their career in the bladder; yet, although this is the general rule for uric acid stones and those formed of oxalate of lime, it is the exception for the phosphates. However, when the nucleus of a stone is either formed in the bladder or comes to it from the upper urinary passages, its manner of enlargement is much the same in all cases. The influence of the salts of the decomposed urine can be detected in the layers which coat the central nucleus, when the stone has grown by accretion. With a nucleus of oxalate of lime or uric acid a phosphatic stone may take from two to three years to attain its full size; a calculus of uric acid or the urates a much longer time; while with one composed of layers of oxalate of lime a still greater period will intervene. After a certain size has been reached, the degree of irritability on the part of the bladder will not only determine the rate of growth, but the nature of the deposited material. This is true whatever the nature of the original nucleus—whether composed of uric or oxalic acid with the various bases, or consisting of masses of the phosphates or other urinary salts accidentally deposited in the bladder and mechanically agglutinated by the mucus of the parts. With an irritable bladder predisposed to cystitis, and a rough and irregular stone, the acidity of the urine may be neutralized by a hypersecretion of vesical mucus, due to mechanical irritation, and as a consequence deposits of the earthy phosphates first take place—a condition speedily followed by decomposition of the retained urine and the generation of ammonia,

a state of the bladder and its contents extremely favorable for the rapid growth of certain forms of calculi.

When a patient with stone comes to a surgeon and desires to have the calculus removed, what is the duty of the latter? The proper answer to this question involves a recognition of the size of the stone and the state of the bladder, besides a determination of the question as to whether the patient is a person upon whom it would be right to perform a capital operation. Granting that the individual is one in whose case lithotrity is the measure to resort to, and that furthermore he is one upon whom the lithotrite can be passed, let us glance at the manner in which the size of the stone and the state of the bladder is to be determined, and review the means best adapted to place the patient in a proper condition for the operation. This done, the operation itself can be outlined and the measures calculated to aid in securing a speedy recovery fully portrayed.

In this connection it should be borne in mind that as a general rule vesical calculi are solitary, and that in size they vary from dimensions a trifle too great to permit of their passage along the urethra to a bulk only limited by the distensibility of the bladder. In weight and density they vary with their chemical composition—the former alone can give no adequate idea of the volume of the concretion. The stone of oxalate of lime is the heaviest in proportion to volume; next comes the pure uric acid calculus; while the lightest and most fragile are those composed of the phosphates. Again, the outer layers of a stone may be brittle and soft, while the nucleus is hard and resisting. An oxalate of lime stone may have several coverings of phosphates which give a deceptive feeling to the touch, and only reveal its true character after the lithotrite has been once or twice applied. A central phosphatic body may, in like manner, become incrusted with oxalate of lime. In either case the diagnostician may be led astray, should he decide hastily. In every instance he should be prepared to unmask either a deceptive feeling of softness or a fictitious sensation of hardness, and in no case should he decide until he has done all that is possible to make sure that the composition of the concretion is really what he imagines it to be. Again, while single calculi are the rule, the observer should remember that in one case out of seven, multiple calculi are met with, and never pronounce decidedly as to the number of stones until a special examination furnishes ground for an opinion. In order to form

an idea as to the state of the bladder in which a calculus has developed, let us glance at a few points in the clinical history of patients so affected, and seek an explanation of the symptoms complained of in the pathological condition of the diseased structures.

The first indications of the presence of a stone are uneasy sensations referable to the neck of the bladder, and a desire to pass water, recurring with unusual frequency. The stone, when small and moveable, is liable to be carried by the flow of urine to the outlet of the bladder, and thus cause a sudden stoppage of the stream, accompanied by a sharp twinge of pain along the course of the urethra, felt most acutely at the outlet. The muscles at the neck of the bladder are thrown into spasmodic contraction by the presence of a foreign substance, and grasp it closely; if the surface is rough, the contact brings blood from the sensitive and vascular membrane, and this is voided with the next urine that passes. The neck of the bladder is its most sensitive part, and the recurrence of this rough contact sooner or later develops inflammation. Under these circumstances inflammation begins at the neck of the bladder, and involves the body of the organ; and as the stone grows, after a longer or shorter period of simple irritation, cystitis is established—brought about by mechanical violence, both from contact with the stone and by bruising from spasmodic contraction of the muscles concerned in urination. Inflammation of the bladder from stone is gradual of approach and chronic in character. During the first few weeks or months of the stone's presence in the bladder, while as yet there is no cystitis, but only irritation, the urine remains bright and clear, showing only a slight increase of mucus, or perhaps a little blood occasionally—the latter generally due to some rough exercise. But so soon as cystitis sets in, pus corpuscles present themselves. Hypertrophy of the muscular coat of the bladder is gradually taking place, its interlacing fibers assume prominence, and the irritated organ, intolerant of distension, discharges its contents at still smaller intervals, and speedily a tendency to contraction is established. The presence of alkaline pus in the urine occasions a more rapid increase in the size of the stone from phosphatic precipitation, and exudation in the submucous web of connective tissue adds materially to the thickness of the bladder walls. The time required to bring about these changes varies greatly. A child may carry a calculus for years, and yet the urine

may remain bright and free from pus; in adults, extensive alterations occur rapidly. Preëxisting lesions of the obstructive sort in an old man may have already given rise to chronic cystitis with contraction of the bladder and thickening of its walls; or, as occurs not infrequently from prostatic obstruction, the bladder may have given up the struggle to overcome the obstacle, and may have fallen into atony, with loss of contractile power and indefinite expansibility. The pain and suffering in the first of these two conditions are infinitely the greater, for the spasmodic contraction of the hypertrophied muscular walls of the bladder tends to grind the diseased mucous membrane against the newly formed stone, often to force the stone into painful contact with the more sensitive neck, and thus add to the existing obstruction and increase the difficulty and frequency with which the urine is voided. In the latter condition, the contractile element being absent, the patient is compelled to draw off his urine with a catheter, and is thus free from the constantly recurring desire to urinate, with its accompanying spasms and tenesmus, and suffers, instead, a milder pain at longer intervals. Other changes are liable to occur in the bladder. A hollow develops behind the prostate, called by the French the "bas-fond" of the bladder. This becomes necessarily, both in the upright and horizontal positions of the body, the deepest as well as the most dependent portion of the cavity of the bladder, and it is therefore usually occupied by the stone when present: and the stone is thus, in a manner, prevented from contact with the sensitive outlet of the bladder. This excavation is often so considerable that an ordinary sound cannot be made to reach a calculus lodged in it. A sound with a short curve like a lithotrite, is the instrument to be employed whenever a stone is suspected in a case of enlarged prostate.

Calculi may, and often do, form in the little pouches jutting out between the meshes of hypertrophied muscular fibers known as sacculi, and sometimes become so large as to be permanently entrapped in these cavities. In cases in which the bladder has lost its contractile power from neglect to employ the catheter, it is constantly in an over-distended, water-logged condition, relieving itself irregularly and imperfectly by spontaneous overflow. Civiale called this "stagnation." Under these circumstances, and indeed, whenever the outlet of the bladder is the seat of obstruction, the ureters, subjected also to over-distension, become dilated and tortuous; the inflammation of the mucous membrane

of the bladder extends to and gradually involves their altered and weakened walls, and continuing to extend, finally invades the pelves of the kidneys. The secreting structure of the kidneys, predisposed to disease by disturbance of function, now participates in the advancing disorder, and functional disturbance of serious import, attended by evidence of uræmic poisoning, foreshadows the fatal result which is imminent. This is the usual course by which the end of life is reached in vesical calculus, not interfered with by art—especially when associated with obstructive disease. Occasionally calculi escape by ulceration; such cases, however, are extremely rare. It is curious and noteworthy that in these cases no urine is extravasated—the effort being purely conservative. Multiple abscesses not infrequently form in the prostate, while abscesses outside the bladder, in the neighborhood of its neck, are complications of possible occurrence. Deposits of pus may not only be discovered in these situations in fatal cases, but circumscribed abscesses of the liver, spleen and kidneys, are common.

The position assumed by the patient is a point of the first importance, not only in lithotrity, but in every step of the preparatory explorations in which it is necessary to pass the lithotrite and grasp the stone. By elevating and arranging the bed and properly placing the patient, we can in a great degree surmount those obstacles to the operation due to morbid changes in the shape of the bladder. Elevating the hips tends to roll the stone back from the orifice of the bladder, and is a movement demanded in the youth, where the pear-like shape of the organ causes the stone to roll to the sensitive parts about the neck, and in the aged, where changes in the bladder and prostate are liable to produce an excavation behind the prostate body in which the stone is concealed. It is also advisable that the patient retain his urine for two or three hours at least before the lithotrite is passed. This measure conduces more surely to the presence of a sufficient quantity of liquid in the bladder for the operation, than does injecting water just before passing the instrument, it matters not what precautions may be used nor what care is exercised in throwing fluid into that organ.

The patient properly placed, the surgeon takes position on his right side, and with a lithotrite warmed and oiled, prepares to pass it into the bladder. It may not be unnecessary to state that the side upon which the surgeon stands is the reverse of that oc-

cupied when a catheter is to be passed, and that the reason is, that after the lithotrite is in the bladder, he will not have to change sides in order to place himself in the best position to manipulate with the right hand. Standing thus on the right side of the patient, the surgeon inserts the beak of the lithotrite in the mouth of the urethra, and with his right hand slowly and gently draws the penis over the instrument in such manner that, without changing the position of his left hand, in which he holds the lithotrite carefully balanced, the urethra is slowly pulled over the beak and on the shaft. This done, the handle of the lithotrite is to be slowly elevated to a vertical position, the right hand of the surgeon meanwhile following carefully the curve of the beak in the perineum, and directing the point of the beak towards the orifice through which the urethra perforates the triangular ligament. As the shaft and handle of the instrument approach a vertical position, the surgeon must carefully manipulate, and if necessary, slightly elevate, the beak in order to make the point of the instrument enter this opening. So soon as the beak is well engaged, the surgeon changes hands. With the right hand he takes hold of the handle, and with the thumb and forefinger of the left encircles the base of the penis and presses down, so as to stretch the triangular ligament of that organ. While the left hand is so engaged—the beak, meanwhile, being well into the membranous portion of the urethra—the right hand slowly depresses the handle of the lithotrite, care being taken that no more force is exerted than is necessary to carry the point from the membranous to the prostatic portion of the urethra. If the left hand keeps up a constant pressure upon the base of the penis, the beak will readily, easily and without material discomfort pass from the membranous urethra along the prostate sinus, and as the handle approaches a horizontal direction, first the point, and then the angle of the beak will enter the bladder. The power of rotating the shaft laterally is proof positive of the presence of the beak in the bladder. In advanced life more difficulty may be met with in introducing the lithotrite. The prostatic sinus is more excavated, and between it and the depression behind the prostatic body a bar-like elevation, due to senile changes, is sometimes encountered. In such cases the passage of the beak along the prostatic portion of the urethra must be carefully watched; tension must be exercised so as to stretch the suspensory ligament of the penis to the utmost, and the increased depth of the passage

between the triangular ligament and the opening of the bladder, must be constantly borne in mind. If this is done, the lithotrite will gradually overcome all obstructions and enter the bladder with ease. One source of error is constantly to be borne in mind. Thus, when the urethra is surrounded by an enlarged prostate, and its calibre is narrowed from side to side by encroachment of the lateral lobes, the vertical diameter of the canal is correspondingly increased, and this peculiar change of shape in the prostatic urethra—together with the delay in reaching the bladder in consequence of increased length of the passage—is likely to lead the operator to depress the handle of the lithotrite too soon. The greater depth of floor and height of ceiling in the prostatic urethra under the circumstances, will readily permit the beak of the instrument to rise into its cavity, and the operator, regarding only the depth to which his lithotrite has penetrated, may readily deceive himself with the idea that its beak has entered the bladder, when, in reality, it is still in the prostatic sinus. The obstruction to lateral rotation of the shaft will at once correct this impression. By again elevating the handle and gently urging forward its depressed back, the cavity of the bladder is speedily entered. When once the sensation of freedom which announces the arrival of the beak of the lithotrite in the bladder is experienced, the angle formed by the shaft and handle of the instrument with the body of the patient is carefully noted, and the surgeon should endeavor, in subsequent manipulations, not to deviate from it more than is absolutely necessary. In certain manipulations, essential in exceptional cases, this angle must be departed from, but the rule is to adhere to it, and preserve it, whenever possible.

Furthermore, the patient must not be notified of the day the operator proposes to crush. Let him become perfectly familiar with all the movements necessary for the introduction, search for, and measurement of the stone, but so far as the time for crushing is concerned, that had better remain a secret with the surgeon. Again, the sooner the latter adopts an invariable rule in regard to the length of time he permits his instruments to remain in the urinary passages, the better it will be for his success. Three minutes should be the limit in ordinary cases. If, for instance, the operator determines to crush on a certain day, but when the time arrives, he finds that through some unusual situation assumed by the stone, or unnatural degree of irritability on the part of the

bladder, he is foiled in speedily grasping the calculus with the lithotrite, or that the manipulations necessary to do so are more prolonged than the bladder is accustomed to, a proper regard for his patient's interests requires that the operation should be postponed. If he does not tell the patient the day he proposes to crush, the latter will not know that anything has occurred to delay the operation, and the surgeon will be saved the necessity of explaining, and the patient the doubts and anxieties which would inevitably arise.

The management of the patient after he comes into the hands of the surgeon, and before the stone is crushed, is of the utmost importance. As a preliminary measure it is very desirable that the patient keep closely to his room for two or three days, and that the temperature—taken with the thermometer in the rectem—be registered at least every morning, noon and night. The urine should be examined with the microscope, and its reaction and quantity of pus present, noted. At the expiration of the few days devoted to the thermometric observations, preparatory treatment, designed to place the patient in the best condition possible for lithotrity, may be inaugurated. The character of the measures adopted will depend greatly upon the condition of the bladder; but steps designed to place the bladder at rest and to improve the general health are always indicated. The bowels should be made to act daily, and all rectal inflammation or irritation subdued. All exercise calculated to bring the stone into violent contact with the neck of the bladder should be interdicted. The diet should be bland and nutritious, but not stimulating. The patient should be kept as much as possible in the fresh air and sunshine, and every endeavor made to render his surroundings bright and cheerful. Let him drive in an easy-going vehicle, and if the season and locality permit, he can indulge in yachting and sailing, but no rowing. A few weeks of this course, and there is generally a material subsidence in the purulent character and irritant quality of the urine. The state of the bladder will indicate the nature of the measures required for its relief. If the urinary passages are hyperæsthetic, the bladder contracted and its walls in contact with the stone—a condition in which the urine is alkaline, heavily laden with chemically altered pus, and voided in small quantities, frequently and almost involuntarily—very different measures are required from those necessary when its walls are atonied and its cavity greatly

distended. In either case the surgeon should himself attend to washing it out daily. In several patients in whom the bladder was thickened and contracted upon the calculus, I have overcome the hyperæsthesia of the parts in this way. Gradually winning the patient's confidence by assuring him that the steps to be taken will be painless, and then exercising every care not to hurt him in the least, I pass a catheter with two large lateral openings at or near its curved end, which in addition has two compartments that enable me to send a continuous current of liquid out of these terminal openings, and at the same time to give exit to this liquid as soon as it has been brought in contact with the mucous lining of that part of the urinary canal into which the catheter has been passed. Connecting this catheter with a rubber receptacle for water by means of elastic tubing, by properly arranging this receptacle above the patient's bed, it is possible to submit the urethra to the influence of warm water for any desired length of time.

Commencing by cautiously inserting the curve of the catheter into the penis, and permitting the water to flow but slowly, I generally find but little trouble in being able to work my way into the bladder. If the parts are very sensitive, dissolve sulphate of morphia—making the solution any strength desired—in the water, and subject the whole urethra to its influence. But few applications will be required to permit the catheter to pass partly into the bladder, absolutely without any pain whatever. At this point I am in the habit of using very strong aqueous solutions of sulphate of morphia and subjecting the lining membrane of the prostate and the parts about the neck of the bladder for a number of minutes to the influence of water at 100° F., to which from five to twenty grains of morphia to the quart have been added. I am always careful to at once follow the injection of the solution of morphia with a quart of pure water, thus preventing the possible retention of any of the narcotic in the vesical cavity. As soon as I am able to pass this instrument so that the apertures can communicate with the bladder, in addition to whatever steps are required to overcome morbid sensibility, I adopt others looking to the removal of accumulations of chemically altered pus and such other deposits as may exist in the vesical cavity. Daily distension of that cavity I have found fully as valuable a measure as Brodie declared it to be. Adding a few drops of the tincture of chloride of iron to the water thrown into the bladder is a meas-

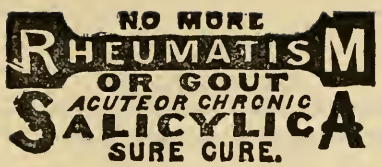
ure that succeeds well in many cases of vesical atony; in cases where the bladder is thickened, and its wall contracted, no local application is better than a diluted solution of sulphate of morphia, judiciously employed. Internally, benzoic acid and balsam copaiba are influential agents in cases in which there is a tendency to excessive secretion from the vesical mucous membrane; buchu and gelseminum, where the bladder is greatly inflamed; while uva ursi, epigæa repens, triticum repens and pareira brava are agents of great value in fulfilling special indications in certain cases.

In fact, the remedial treatment of urinary complications arising from stone in the bladder is far too extensive a subject to be entered upon in this connection, and must be deferred for the present. Suffice it to say, that the use of the lithotrite affords the surgeon an opportunity to familiarize the patient with its introduction and manipulation within the bladder, and enables him to test the character of the stone so far as contact with it will enable him to judge, and to measure its size in all its diameters. When the surgeon faithfully attends to all these points himself, he will almost invariably have the satisfaction of seeing that the vesical irritability will daily grow less, the patient become accustomed to the use of the instruments in the same proportion, and that his acquaintance with the peculiarities of his patient's constitution will become such that he will be enabled to enter upon the operation with so just a comprehension of his case that the chances of failure will be reduced to the minimum.

When the day for crushing arrives, the surgeon should endeavor to proceed as if nothing unusual were to happen. Carefully regulating the position of the patient according to the requirements of the case as determined by the preparatory explorations, the lithotrite is introduced in the manner described. It generally happens under the circumstances that the lithotrite comes in contact with the stone immediately after the beak of the former emerges from the prostatic sinus, and is passing through the cavity of that viscus, on its way to the posterior wall. When it is touched, the operator cautiously turns the beak away from the stone, and by gently withdrawing the male blade opens the jaws of the instrument widely enough to grasp it. The beak of the lithotrite is rotated away from the stone before moving the male blade, in order to prevent the concavity of the jaw, as it is being withdrawn, from striking the stone, and thus altering its

position. During this maneuver the female part of the lithotrite is held with the convexity of the beak against the junction of the posterior wall with the floor of the bladder with the left hand, while with the right hand the male blade is drawn towards the operator, care being exercised that it is not drawn so far as to come in contact with the neck of the bladder. The open jaws are now made to embrace the stone by rotating the back of the lithotrite to a horizontal position, and are gently closed upon it. As soon as the stone is grasped the instrument is rotated until its jaws are vertical, and the button-trigger in the handle is pressed back by the thumb of the right hand, thus fixing the male blade, and at the same time bringing the screw into gear. The lithotrite is now ready for the application of the screw power. An old and very good rule is, that at this point, the surgeon satisfies himself by the slight withdrawal and partial rotation of the instrument with the calculus in its teeth, of the perfect mobility of the lithotrite, and that no portion of the lining membrane of the bladder has been included within its jaws. With the turning of the screw the operator may recognize a sharp cracking, or softer crushing sensation, according to the nature of the calculus. Having screwed the male blade well home, the trigger is to be slipped by a motion of the right thumb, and the jaws again separated. Rotate the shaft so that the open jaws are turned laterally to the spot where the stone was first seized, and then close them. If the stone was large enough originally to make fragments of any size, no trouble will usually be experienced in catching one, when the same maneuver as before being repeated, the screw power is applied and the fragment reduced to powder. The number of crushings at one sitting must be determined by the time occupied, and the fact is, that great danger at this stage of the operation results from the surgeon yielding to the temptation to continue the crushing process too long.

But what if the stone is not met in passing the lithotrite to the back of the bladder? Simply this, the jaws of the beak being opened, they are inclined to an angle of 45° on the right side and then closed, when, if the calculus is not caught, the same maneuver is to be repeated on the left side. If the stone is not encountered on either side the operator repeats the procedure, opening and closing the jaws, after inclining the beak to a horizontal direction, first on one side and then on the other. If the position of the patient be properly regulated, the stone will be



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caught in one or the other of these maneuvers—the only conceivable condition of the parts in which the stone could evade the jaws of the lithotrite under these circumstances, is one in which considerable enlargement of the prostate body coincides with great depression of the walls of the bladder behind it, while the *bas fond* is separated from the prostatic sinus by marked elevation of the tissues in a ridge-like form at the neck of the bladder. This state of the parts is readily recognized, and not only requires special preparatory treatment, but a peculiar series of movements with the lithotrite in order to grasp the stone; the instrument may have to be "reversed" in order to catch it. To do this, the beak of the lithotrite, by rotation of the handle of the instrument, is swept around a half circle until it looks directly back towards the patient's rectum. In performing this maneuver, the handle of the lithotrite is depressed between the thighs of the patient, changing the oblique direction of its shaft until it is in line with the patient's body. This movement so inclines the beak of the instrument towards the center of the bladder that, while in its cavity, there is little danger of rough contact with the vesical walls. Very often this rotation causes contact with the stone, and enables the operator at once to seize and crush it. If not, he should carefully follow something like the following plan: Having opened the jaws of the lithotrite in the same manner as when the instrument occupies the natural position, incline them to one side at an angle of 45° and carefully close them. If nothing is encountered, open as before, incline them to the same angle on the opposite side and again close them. Should both movements result in the negative, while the lithotrite still occupies the reversed position, gently withdraw the male blade until it is almost in contact with the prostate, the widely opened jaws of the instrument being vertical, and while the male blade is firmly held in this position, the female blade is gently drawn home, the handle of the lithotrite at the same time being raised, so that the extremity of the female blade may impinge upon the floor of the bladder throughout the whole extent of the journey from the posterior wall of the bladder to the urethral outlet of that organ.

If one will but frame before his mind's eye a diagram of the bladder, and follow in imagination the movements of the lithotrite in the upright and reversed positions as they have been described, he will see that the beak of the instrument passes so

completely over the space enclosed by the walls of the bladder that no calculus however small, if loose in the cavity, could evade contact with it. When these maneuvers have been executed and no stone has been found, the examiner knows that either there is no stone in the bladder, or the case is one of those rare instances of encysted calculus which no method of exploration can always diagnosticate with certainty.

In certain cases in which the stone is small, the urethra capacious and healthy, and the crushing process very complete, the patient may be entirely relieved by the first operation. But such cases are very rare, and in the majority of instances the primary crushing will have to be followed by a number of repetitions of the process. The duration of the interval between the first and second operation will depend upon the reaction following the first crushing, especially the influence it exercises on the temperature curve and in some measure upon the quantity of material which the urine brings from the bladder. It is at this stage of the proceedings that the surgeon derives information from his temperature observations at the commencement of the preparatory treatments and is materially assisted by his knowledge of the patient's susceptibility to remedial agents, especially opium. In many individuals opium exercises a peculiar influence upon the urinary organs, especially the bladder. An ordinary dose not infrequently renders the bladder of a healthy man so indisposed to contract, even when filled with urine, that repeated efforts are required to void its contents. On several occasions I have been compelled to use a catheter upon individuals with healthy genito-urinary organs who have taken opium for the relief of pain. The local application of morphia for the relief of hyperæsthesia of the urethra and vesical mucous membrane has occasionally been followed by temporary atony of the muscular fibers of the bladder walls. The speed with which succeeding crushings follow the first operation will in a measure depend upon the patient's reaction to this drug, for it supplies the surgeon with an admirable method of regulating vesical contractility and controlling spasm of the bladder. Although, as a rule, the fragments resulting from the first crushing are too large to pass the urethra, yet they may have sharp points and edges, and it is quite desirable that the walls of the vesical cavity be prevented embracing them tightly. The reaction of the bladder to pressure above the pubes, the color of the urine and the quanytit

of pus voided with it, but above all the return of the temperature curve to its natural outline, will serve to determine the length of time that will be required to elapse before the lithotrite can be again used. As soon as the elevated temperature and local irritation has sufficiently subsided the fragments can be sought for and crushed. The surgeon's experience during the preliminary treatment and first crushing is now peculiarly valuable, and enables him to seize upon the remaining fragments with ease and certainty. The knowledge he is continually acquiring relative to the tolerance of the patient's bladder will be of the greatest value to him in fixing the time for subsequent crushings. When operations are conducted with gentleness each one is better and better borne. The irritation of the bladder continually diminishes and the intervals between the calls to urinate gradually grow longer. At length pieces of stone and particles of sand cease to pass and the surgeon finds that no more fragments remain in the vesical cavity, so far as he can determine by the employment of the lithotrite. This very satisfactory condition may be attained as the result of one operation in certain rare cases, but as a rule from five to fifteen crushings are necessary to remove an ordinary stone.

There are certain contingencies which may arise that have not been alluded to and cannot be dwelt upon in a paper like this. The following *resumé* is quoted from Sir Henry Thompson's work entitled "Clinical Lectures on the Urinary Organs," and is a brief enumeration of the different contingencies the lithotritist must be prepared to meet. He says: "The first contingency is fever; the second, bleeding; thirdly, cystitis; fourthly, orchitis; fifthly, retention of urine; and lastly, exhaustion, which is sometimes fatal. A peculiar kind of feverish attack is, as you know, common after all instrumental operations on the urethra. The phenomina of cold chill, dry, burning heat and sweating, proceeding in this order, more or less severely. Do not meet these symptoms by a too active treatment; I know none of much service: when a patient is thirsty, give him drink; and don't press food on him until he is somewhat disposed for it. Rely on it, what we call fever here, is nature's struggle against some poison in the course of elimination; only take care that the hygienic conditions are good. After the attack, he is weak and requires good and nourishing food. Bleeding is rarely troublesome, and does not require much treatment. Cystitis gives a little trouble

occasionally, and is to be treated in the ordinary way. Inflammation of the testicles requires you to desist for a time from operating; chronic retention of urine is apt to occur very insidiously—not absolute, but partial retention. Always look out for it, if frequency of micturition increases, and the urine becomes increasingly thick, and if the bladder is not emptying itself, you must pass the catheter once or twice a day. Sometimes exhaustion occurs, after a number of sittings the patient's strength gives way. That, however, is very rare."

Reports on the Recent Progress of Medicine.

SURGERY.—[From the German.]

By F. J. Lutz, M. D., Collaborator for the Journal.

Concussion of the Spine. From the *Medizinische Jahrbücher der K. K. Gesellschaft der Aerzte*, of Vienna, we make the following abstracts:

At the meeting of the Society held on the eighteenth of April, Dr. Obersteiner, Jr., read a paper on "Concussion of the Spine." He limits the term to cases in which the functions of the cord have been altered by violence sustained by the spinal column directly or indirectly, either by one single shock or else by repeated applications of some force, much less vehement, not resulting, however, in any demonstrable or supposable anatomical changes in the organ. Hence he supposes that the functions of the cord may be interfered with by some insignificant but continuous concussion, such as conductors on railroad trains are said to suffer, from the continuous shocks which they receive whilst in a standing position.

Violence which produces the phenomena of spinal concussion suddenly may be a fall, a blow or the like, a gunshot wound of the spinal column or a railroad accident.

The symptoms may be latent for a long time, even for several years. In twenty-two out of sixty-three cases, there were no

symptoms which indicated grave lesions of the cord observed immediately after the infliction of the injury.

In 31.6 per cent complete recovery took place.

He reported two cases, one of which ended fatally and in which 6 cm. of the dorsal portion of the cord were found softened, and numerous small myelitic foci were found in different parts of the cord.

In the discussion which ensued Prof. Heschl called attention to the fact that in concussion of the brain the ganglion cells often undergo calcareous degeneration, which does not occur in concussion of the cord.

Removal of both Ovaries for Hystero-epilepsy.—At a subsequent meeting Dr. Welponer exhibited a woman from whom both ovaries had been removed on account of hystero-epilepsy. She is thirty-six years of age and has never menstruated. In her twentieth year she began to suffer with epileptic attacks, which recurred regularly every four weeks for fifteen years and of late every three weeks. After trying the various nervina in vain and submitting to local treatment of the uterus, even including bilateral hysterotomy, without any beneficial result, she came to the clinic of Prof. Braun Fernwold in May last. It was found that the uterus was retroflected and its walls thinned. Both ovaries could be easily handled. She was again subjected to various modes of treatment, but unsuccessfully. The ovaries were finally extirpated after Hegar's method; four months have elapsed since the performance of the operation and as yet no attack has occurred.

Reproduction of the Tibia After its Removal for Osteomyelitis.—Prof. Weinlechner presented a youth sixteen years of age who suffered with acute osteo-myelitis of the whole diaphysis of the left tibia in October last. After four months a pneumonia set in, in which condition he was admitted into the Rudolfspital. Amputation was proposed after he recovered from the pneumonia. This, however, was objected to by his friends and Weinlechner removed the whole necrotic diaphysis. The soft parts of the leg hung loosely about, all the muscles were laid bare, but the condition of the patient soon improved, suppuration decreased and in twenty-one days osseous neoplasm had filled the space. Five months have elapsed since the operation

was performed. The patient can now completely stretch his knee, which was formerly contracted, and can bend it to an angle of 50°. A few fistulæ still exist between the upper epiphysis and the diaphysis. About nine centimeters above the ankle joint there is a pseudarthrosis, showing that the bone is not yet quite consolidated.

EPIDEMIC TETANUS.—In the girl's school at Gentilly, near Paris, which is frequented by one hundred and fifteen pupils, a strong, healthy girl, ten years of age, was taken sick on the 15th of July, 1876, with symptoms which Maguan described in the meeting of the Société de Biologie, held November 22d, in the following manner: A sensation of numbness, formication and pricking preceded the *contraction of the fingers*. The fingers became stiff, and were semi-flexed; the thumb was firmly pressed against the index finger; the forearm was fixed, and the muscles on its anterior surface were prominent. The patient complained of *pain* in the wrist, elbow, and occasionally in the shoulder. The hand could be opened only by the use of great force, and was closed so soon as the force was relaxed. The contraction was not continuous, but occurred in paroxysms at irregular intervals for four days. Each paroxysm lasted from one-half to one hour. During the interval the arm behaved normally, only the numbness and the discomfort remained. Towards the latter part of July the symptoms disappeared. During the month of August short paroxysms occurred in the right hand; in September none appeared. From the 15th of October to the 10th of November the right arm was again attacked. The pain was more severe; the paroxysms were longer and more vehement than before, some lasting all day. On the 11th of November the contractions of the arms were diminished, but appeared in the right leg, the foot being extended and slightly adducted. This lasted for five days. and finally subsided; on the 21st of November the child was perfectly well. Two other pupils were attacked in October, and two in November, and quite a number followed suite, so that nineteen girls were sick on the 14th of November, eight of these being taken on the same day.

The course of the disease was the same as in the cases described above; sometimes only an arm and a leg, sometimes both legs were affected. One case began with the loss of consciousness and rolling of the eyes; in others, there were illusions.

The appearance of the disease created a panic in the school; fear and involuntary imitation increased its spread; but neither in the village nor in the neighboring school for boys, containing one hundred and fifty pupils, did any case occur. On the 15th of November the school was closed, after which time the patients rapidly recovered, and no new case occurred. One girl was treated in the Children's Hospital by Jules Simon, and made a rapid recovery. The treatment consisted in the use of galvanism and stimulating frictions.—[*Irrenfreund, No. 7, 1879.*

Trephining in Epilepsy Due to Injuries of the Skull.—Although much has been written on this important and interesting question, yet surgeons differ as to the value of trepanation as a curative agent. Echeverria has made a most valuable contribution to the literature of this mooted subject. He bases his deductions, which will be found further below on 145 cases of trephining, taken from the statistics of Stephen Smith, Rosell, James Boutelle and others, together with five cases which came under his own observation.

It is well known that cranial injuries are of considerable importance in the etiology of epilepsy, especially such injuries which entail constant cerebral irritation. Sometimes epilepsy results soon after the injury; usually, however, the disease appears after a number of years. Thus, in 618 cases, whose previous history Echeverria learned, 63 (44 males and 19 females) were of traumatic origin. Of these, 3 became epileptic immediately after the reception of the injury, and 6 in between two and five days. Of the 145 that underwent the operation of trephining, 15 were attacked with epilepsy within twenty-five days after the infliction of the injury.

According to Echeverria, there appears to exist no relation between the time which elapses between the trauma and the appearance of the disease, and the extent and nature of the injury.

Pericranial and cranial injuries may cause epilepsy, and our author points out that the pericranial injuries are frequently lost sight of as causes, and relates three cases which came under his own observation, and which illustrate the happy results following the treatment, based upon a correct diagnosis.

The podromata which as a rule precede an attack of traumatic epilepsy are: Headache, dizziness, localized pain, twiching of the limbs before going to sleep, a sudden concussion of the

entire body, change of character, loss of memory, drunkenness.

The following are the conclusions arrived at by Echeverria:

Trepanation is the best remedy for epilepsy due to injuries of the cranium.

Primary operations are as successful as secondary ones. Fever is a contraindication; mental aberration and paralysis, on the other hand, justifiy operative interferences.

Even in cases in which syphilitic diseases of the cranial bones resist specific treatment, and in which the epilepsy is caused by the diseased bones, he advises trephining.

The figures given speak for themselves. Of 142 cases trephined 93 recovered: 29 improved; 1 case grew worse; in 5 cases no result was obtained; 28 died.

Of the 17 primary operations, 3 ended fatally; of the secondary 25 succumbed.—[*Archiv. fuer Nervenheilkunde.*

Translations from the Portuguese.

NOSOLOGY OF ST. MATTHEW (BRAZIL). By DR. HORMINDO LITE. Translated from the Portuguese of the *Gazeta Medica da Bahia*, of July, 1879, for the JOURNAL, by JOS. WORKMAN, M. D., of Toronto, Canada.

The town of St. Matthew is six or seven leagues distant from the mouth of the river St. Matthew. Its particular products are coffee and mandioca (cassava), which is cultivated for its farina. The river St. Matthew is very tortuous and narrow, being at the most only 180 feet wide along the front of the town, and its margins are covered with a shrub, there called *cataia*. On the front of the town there is a plain, which is the terminus of a road on the north side, and this flat, on occasions of overflow of the river, remains, as do all similar margins, inundated. When the river returns to its bed the vegetation of the flats, now putrid, exhales under the sun's heat miasmas, which, mixed with those of the extensive pool bed, are carried to the town by the north-east wind, which is the predominant aerial current. On these occasions the marsh fevers prevail endemically.

The town is eminently insalubrious and it suffers accordingly. At a very remote epoch (before the culture on a large scale of coffee, and the use of the sulphate of quinine, the propagation of which in opposition to popular prejudice, was due to the illustrious Dr. Graciano Santos Neves, an ancient and intelligent physician, now retired), marsh fevers were here spoken of as the *carreiradas* of the coast of Africa.

Merchant ships anchored in the river were often unable to proceed on their voyage in consequence of the loss of their crews by visitations of these fevers. The principal malady is very often intercurrent or secondary, and complicates almost all other diseases. The marsh miasma, accumulated in the organism, breathes forth an occasional or determining cause, which produces the explosion; thus it is that on many occasions there is no need of a primitive morbid state; it often suffices that a sleepless night, a long ride on horseback, may serve as the determining cause of the appearance of the intermittent fever.

On other occasions, far from complicating a prior disease in its commencement, it explodes in the convalescence, because, probably, this condition augments the tendency of the organism to miasmatic absorption. The absorption of miasma by the respiratory mucous tract, is not the sole source determining these fevers, by its entrance into the current of the circulation, though this is the most active and frequent cause of marsh empoisoning, yet we must not exclude the great influence of absorption through the gastro-intestinal mucous tissue, as an adjuvant, or determining agency. Thus we hear individuals ascribe, as causes of their fevers, the ingestion of marsh water, and others the ingestion of fresh beef as cause of relapse.

When I commenced practice here, unacquainted with the customs of the residents, ignorant of the conditions peculiar to the locality and the general influence of the climate and its medical geography, I was always opposed by my patients in my instructions as to diet; they stoutly resisted to use beef soups or milk, because, as they said, such aliments, always acted badly when they were attacked with intermittent fever, or if they were convalescing from any form of disease, and they fell into relapse. This fact was often presented to me, and I was myself a victim to a light intermittent in consequence of the use of milk. From that time forward I gave credence to the statements of my pa-

tients, and the fact ceased to surprise me when I found that the wandering cattle generally grazed in the marshy parts.

Because of the herbs in the wet grounds, on which the cattle feed, it is unsafe here to drink the crude milk, as it produces dysenteries, sometimes of very grave character. With the knowledge of these facts, I always took care, and I still do so, to combine the treatment of my patients, unless there was some counter indication, with the sulphate of quinine, or even with arsenical preparations, and to prohibit altogether the use of such aliment as might expose them to the complications of intermittent fevers.

Speaking of the ready complication of diseases by the marsh element, I cannot omit the following fact. Many individuals who, having long been victims to marsh empoisoning, finally became cachectic and anæmic, under the influence of a few doses of ferruginous preparations which I prescribed, were attacked by intermittent fevers; suspension of these preparations alone often sufficing for disappearance of this disease. The endemic marsh fevers in St. Matthew, when they attack robust persons or when they are not cut short in their course, take on a pernicious character; I have seen one patient die in four days and a child of two years in the like time. In both, the termination was in coma, which in the former case was preceded by shiverings and a nervous excitation to such a degree that the patient shouted horrifyingly, got out of bed and wished to rush out on the street; in the latter case the coma was preceded by convulsions, sufficient to move the heart of the most stoical.

The medication employed by me in intermittent fevers of the pernicious character, was principally the sulphate of quinine in large doses, amounting to more than 10 grammes daily (*155 grains*), ordering frictions of this medicine to be made over the spine, the groins and the axillæ; administering clysters every three hours, each with one or two grammes of the quinine, together with hypodermic injections containing one decigramme, at like intervals. As adjuvants I employed the valerianate of quinine, and infusions of quinine and arsenious acid.

By such medication, advised by all practitioners, and interposing in cases of necessity, local bleedings, I succeeded in saving a patient in pernicious fever, in a second accession of ataxic form; his exhaltation reached so high a point as to cause him to vociferate and assail everything and every person; he got out of bed, attempted to rush to the street, and twice he battered he do♀

with a heavy stick, in order to get through. The fever terminated with a sweat so profuse that in order not to augment the extreme debility, into which he had been brought in six days, I was obliged to sustain him. I ordered his removal to a hard bed, with only a sheet for covering, and I persevered with frictions and substantial aromatics. He remained extremely depressed and profoundly anæmic, presenting on both arms the scars of the injections, and he was for some time subjected to a tonic medication, consisting especially of preparations of iron and quinine.

As natural complications of marsh fevers, hepatites and splenites are here noted in fearful proportion. I had occasion to treat a person attacked with marsh fever whose left hypochondrium was as hard as a table, occupying almost the whole of that region, without having produced ascites. Children of one or two years are here victims of hepatitis, which supervene after occasions of intermittent fevers, by which they are much tormented, but above all, as a complication of whooping cough, which is one of the most common causes of the great mortality of children. Whooping cough, when, as many other diseases, epidemic, does not, as I was informed, spare adults. It is, in its turn, one of the torments of children, who rarely, or never, escape paying tribute to it and remain for years sufferers from its consequences. The reason of the great mortality of children suffering convulsive cough is the complication most usually presented of intermittent fever and bronchitis.

One of the torments of women, both married and single, is leucorrhœa or amenorrhœa, due probably to alimentation, which is here never good. In less than two months I have had to treat more than twenty women suffering from amenorrhœa or leucorrhœa, or from both—a number sufficient to cause surprise in so small a town.

Menorrhagia is also very frequent. It complicates labors in a remarkable manner; these are sometimes very difficult, apparently owing to frequent journeys on horseback, which the women have to make in business visits to the town.

Abortions are not rare. The people attach much importance to canoe passages as the cause, because some women have aborted after them. Be the cause either horseback traveling or canoe voyaging, abortion is very common here. I do not attach much importance to such alleged causes, and I believe that if the cano

voyages produce abortion, it is not by the physical impression that they do so, as the people believe. It is my opinion that it is sometimes the moral shock which women, naturally timid, suffer when they journey on the water, which is the most direct, or the approximate cause, of abortion in such circumstances.

A fact which caused me some astonishment is the frequency of gastralgia, which, like the intermittent fever, often complicates other diseases. I have seen robust and strong individuals attacked with gastralgia, which proved rebellious to all treatment. Dysentery is very common, and when epidemic, it causes great mortality.

I should not omit to state that few, very few indeed, are the individuals who have their teeth perfect, consequently dentists abound. It is painful to see little things of eight or ten years without their front teeth, and those of three or four years suffering excruciating toothaches. I believe that bad alimentation is the chief cause of these toothaches so common in St. Matthew.

In concluding these trivial nosological observations, I may allude to a pathological state, of which some Brazilian physicians have treated without having yet finally solved the question of its pathogenesis. I refer to *Beriberi*, which here attacks principally the slaves of the haciendas, and according to the information given to me by my predecessors in practice, few cases came under their diagnosis in the town. I was constrained to verify this fact from observing that the slaves or free persons who labor in the marshy parts are those whom beriberi especially attacks. This explains why the disease is rare in the towns, where the slaves or others are not engaged in work in marshy places, as in the haciendas.

There is a locality a little out of the town where some patients who contracted the disease informed me that drinking of the water which ran there was sufficient to induce it. Many slaves of one hacienda were attacked, whilst those of a neighboring one were exempt, which statement, if accredited, would seem to show that the beriberi's miasma is not of such ready extension as the marsh miasma; or that it becomes limited by the abundant flower growths, which all know to be one of the modifiers of the propagation of miasmas. Do these facts support the belief that beriberi is really a disease of marsh origin? The indication most usually acted on here is that of sea voyages, which are followed by the best results.

Translations from the French.

NEW MODES OF SURGICAL TREATMENT. ("Histoire de la Chirurgie Francaise" par le Docteur JULES ROCHARD. Edit. 1875, pp. 639, *et seq.*) Translated for the JOURNAL by B. A. WATSON, M. D. Surgeon to Jersey City Charity, and St. Francis' Hospitals, Jersey City, New Jersey.

III. TREATMENT BY OCCLUSION.

We designate, by this generic expression, all modes of treatment the object of which is to protect the wounds from contact with the air, whether they accomplish this by immediate union, by employing an impermeable cover applied to the wound, or by enveloping the injured part in an artificial atmosphere.

1st. NEW MEANS OF IMMEDIATE CLOSURE.—We have already expressed our opinion as to the injurious influence that the atmospheric air exercises on all surfaces which nature has not covered with an epithelial protector. We have alluded to the advantages of sub-cutaneous operations and immediate closure. No one will be surprised to see us place in the first rank the means that the surgeons of our times have invented or perfected for the attainment of this object, so ardently sought during the last half century. When this method found favor in France the means of obtaining it were limited enough. Sutures had been almost abandoned, and deprived of this powerful means of obtaining coaptation, the surgeon had at his disposal only diachylon, which was used exclusively in France, and isinglass plaster, which was preferred in England. Contemporaneous surgery remedied this poverty of resources and three new means for obtaining the closure of wounds have sprung up during the last twenty-five years; the collodion, the serres-fines, the forceps for graduated pressure, and finally, metallic sutures.

Collodion.—Collodion is a solution of pyroxylin or gun-cotton in a mixture of sulphuric ether and alcohol. The discovery of

this substance goes back to the commencement of the surgical period which we are reviewing. When, in 1846, Schoënbein made known the preparation of gun cotton, all the chemists hastened to study this remarkably product, and Baudin recognized its solubility in ether, without drawing therefrom any practical deduction. It was a medical stu lent in Boston, John Parker Maynard, who made the first application of it in surgery.[1] He employed it to unite simple wounds, and Dr. Whitney adopted it immediately. This news spread to England and Simpson utilized collodion in the treatment of fissure of the nipples. Malgaigne was the first who employed it in France; he had become acquainted with it through the English Medical Journals, and on the 29th of August, 1848, he made it the subject of a communication to the Academy of Medicine.[2] From this time collodion became the object of a general infatuation. The important question was who would discover some new properties in it, who would invent some new method of using the dry suture.[3] This reputation lasted about ten years; since 1857 we have seen attempts made from time to time to extricate it from oblivion, but they have been foiled by general indifference. In a memoir published at this time, Gayraud of Aix, justly estimates its advantages.[4] Collodion is a valuable agent for the purpose of uniting recent and superficial wounds, very valuable for superficial erosions of the hands, and also for the protection of the small wounds through which surgeons and anatomists are so frequently poisoned. The thin pedicle that is left behind on drying is insoluble in all the liquids, is extremely adherent and protects the denuded derma against inoculations to which we are exposed at every moment. It is rendered more elastic and less retractile by the addition of a tenth part of castor oil; it constitutes the best application that one can make on the parts threatened with ulceration and gangrene by prolonged dorsal decubitas. It has been used with advantage for the protection of fissured nipples and to permit nursing to continue. It has been used in diseases

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1. John Parker Maynard (de Boston), *American Journal of the Medical Sciences*, April, 1848.

2. *Bulletin de l' Académie de Médicine*, t. xiv, p. 1872.

3. Ch. Sarazin, article Collodion, du *Nouveau Dictionnaire de Médicine et de Chirurgie Practiques*, viij, p. 726.

4. G. Goyrand, d' Aix, *De l' emploi du collodion comme de moyen reunion des plaies. Gazette Médicale* de Paris, 1858, t. xiij, p. 778, 789.

of the eyes for the purpose of keeping the lids closed; finally its retractile force has been utilized for the purpose of bringing together parts possessing a tendency to separate, to resolve glandular engorgement. It has been resorted to in the treatment of orchitis, varicocele, erysipelas, burns, chilblains, in diseases of the skin, peritonitis, etc. But these last applications, of somewhat doubtful utility, have no bearing on our subject. We shall delay no longer on an agent too much discredited perhaps, at the present time, but which has in fact only moderate importance.

Serres-fines.—The serres-fines were invented by Aug. Vidal, of Cassis, in 1849. At first they were designed only to unite the flaps of the wounds left after circumcision. These little pincers with crossed arms, drawing themselves together like the smoker's forceps by the elasticity of the metal, were armed at their extremities by sharpened teeth, which seized the skin without penetrating it. The first that he had made by Charriere and that he presented to the Society of Surgery, were too heavy and were kept in place with difficulty;[5] they only half succeeded in a trial that he made with them at the "Hôspital du Midi" in the month of August, 1849, in the presence of Morel-Lavallie, Danyau and Cullerier.[6] He then had made by Lüer the ones which are now found in all surgical cases.[7] Lighter, smaller, more elastic and more easily managed, as they are made of silver. They fulfilled very completely the object proposed by their inventor and he was able to extend their application to more important operations. He has made six models of different sizes and powers, by ranging from the fly-foot serre-fine intended to unite superficial wounds of the face, prepuce, etc., to the large serre-fine, like the forceps of the oculists, which was reserved for cases where the object was to embrace with the skin a certain thickness of the tissue. By varying the size, the shape and the direction of the jaws, by multiplying the number of the teeth, Vidal has succeeded in giving to his small instruments the necessary qualities to supply the place of sutures under certain circumstances.[8] The uses of the serres-fines were very

5. Vidal, de Cassis, *Traité de Patholigie externe*, t. I, p. 174, fig. 76.

6. *Bulletin de la Societe du Chirurgie*, t. I, p. 318.

7. *Bulletin de la Societie de Chirurgie*, t. I, p. 407 et 460. Vidal, de Cassis, *Traite de Pathologie externe*, t. I, p. 174, fig. 77.

8. Vidal, de Cassis, Traite de Pathologie externe, t. I, p. 176, fig. 78.

promptly popularized; it is at all times a very convenient instrument, which acts by bringing together the borders of wounds situated in a region where the skin is delicate and only slightly adherent, as that of the prepuce, scrotum and eye-lids, as well as in those cases where it is necessary to apply the skin to a mucous membrane; they are also very convenient for the arrest of slight hemorrhages following leech bites; in a word, we can fulfill with this instrument a number of minor indications, of which each practitioner can multiply the number, and for this reason it will remain in use as a valuable invention.

Pincers à Pression Continue et Graduée.—The serres-fines, acting only by the elasticity of the metal, exerted always the same degree of pressure, without permitting this pressure to be modified. Debout has united the two arms by a screw and has modified the sharpened extremities.[9] Marcellin Duval, on his side, has invented the *pincers à pression continue et graduée*, which permits the approximation of the parts without penetrating the skin. These instruments are constructed on the same principle as his compressors. Thus: long, flattened arms, furnished with a cushion of agaric, its large surfaces are applied on the skin and the screw which traverses the springs permits the graduation of the pressure at will. The application of these forceps is very easy and they cause no pain. They are especially useful after amputations performed according to the excellent procedures of the author; they hold in apposition the musculo-cutaneous flaps, thereby obtaining union of the whole extent of the cut surfaces that it is possible to approximate, without preventing the escape of the fluids from within. In case of hemorrhage the surgeon can examine the wound without tormenting the patient; he may easily increase or diminish the pressure, as may be required, by a simple turn of the screw. In all these conditions the forceps with graduated pressure are very much superior to the cork compresses used by Langier to maintain the flaps properly approximated after circular amputations.[10] Finally we may use

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9. Gunjot et Spillmann, Arsenal de la Chirurgie, contemporaine, t. II, p. 222, fig. 705.

10. Marcellin Duval, Atlas general d'anatomie descriptive, topographique, etc., et de medicine operatoire, avec considerations relatives, à la pathologie interne, et à la pathologie externe. Brest, 1853, in. 4. p. 9 planche, fig. 11. Gaujot et Spillmann, loco cit. t. II, p. 223, fig. 706.

them advantageously as small compressors in certain cases of arterial hemorrhage and particularly in the wounds in the palm of the hand.

Metallic Sutures.—Metallic Sutures were reintroduced into surgical practice thirty years ago. Like many other useful things they had fallen into disuse when the Americans commenced their labors on vesico-vaginal fistula. The silver wire is one of the perfected details, which, taken together, constitute the excellent method they have shown us. It is Marion Sims who has principally contributed to make its use general. The idea of curing vesico-vaginal fistula occurred to him in 1845, and after four years meditation, with successive attempts and failures, he finally determined to employ silver wire sutures, and to them he owed his first success. The operation took place in 1849, but the observation was only published in 1852, and the author in his memoir claimed, among other discoveries, that of the employment of metallic sutures.[11]

The success that he had obtained by this means of union tended to generalize its employment in analogous cases, and in 1858, in a discourse delivered before the New York Academy of Medicine, he defended his claims in terms so pretentious that they raised unanimous protestation in America and England.[12] He there presented the *silver suture as the greatest surgical achievement of the nineteenth century; as one of the most beautiful examples of inductive philosophy.* If surgery had only needed to crown its work, that the silver suture should be substituted for the silk or twine, the edifice would have been completed almost three centuries ago. Ollier has demonstrated, in a memoire[13] of very great interest, that Fabrice d'Aquapendente had used iron and brass needles rendered flexible by burning charcoal, and which he passed through the lips of the wound, bringing together the two ends and twisting them together. He had understood and described all its advantages, and the moderns have added nothing, not even the example so frequently cited of passing gold rings through the ears. Percy has also used sutures of wire;

11. *American Journal of the Medical Sciences*, 1852, 2d series, vol. XXIII, p. 59.

12. Marion Sims. Silver Sutures in Surgery. [The Anniversary Discourse before the New York Academy of Medicine, 1858.]

13. *Gazette Hebdomadaire*, 1862, t. IX, p. 135, 181, 261, 359.

he had even tried to render them more resisting by using a gold or platinum wire as a center, and he has pointed out with extreme precision their advantages and the means for their application to the form of the parts. The lead sutures were employed anew in the year 1826 by Dieffenbach in the operation of staphylorraphy. He gave the preference to this metal because it twisted more readily than the others. In 1830 Mettauer, of Virginia, had also recourse to the lead in the performance of the operation for vesico-vaginal fistula. Finally, in 1834, Dr. Gosset, of London, employed the gilded silver wire for the same object.[14]

The metallic sutures had consequently been known and used a long time in America, as well as in Europe. A little biographical study would have saved Marion Sims' fruitless attempts, long trials, and would have cured him of his pretentions. Nevertheless, we hasten to say, that if these antecedents sufficed to deprive the American surgeon of the title of priority which he arrogated to himself, they do not diminish in any manner the real merit of having restored and popularized an excellent practice. Its advantages were immediately understood, and its reputation and use spread rapidly in America and England.

In France the metallic sutures were not known till Bozeman, a student of Marion Sims, demonstrated in Paris the superiority of the American proceeding in the operation for vesico-vaginal fistula. In spite of the brilliant success obtained by this operation, and the homage that they hastened to render to him, metallic sutures were not received with the same favor as abroad. Whilst recognizing their advantages in the special case which had caused their reintroduction, all the surgeons did not appear convinced of their absolute superiority over the methods then in use. In the course of the discussion to which they gave rise at the Society of Surgery, July 31st, 1861, Richet and Bauchet appeared but little in favor of them. They claimed especially that the silver wire suture cuts the tissues more rapidly than the vegetable.[15]

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14. Voyez pour les details historiques. 1st Ollier, Mémoire cité. 2d. A Verneuil, Des perfectionnement apportes à l'opération de la fistule vesico-vaginale par la chirurgie Americaine [*Gazétte Hebdomedaire*, 1859, t. VI, p. 1, 55, 119] 3d, E. Foelin, Archives Generales de Medicine, 1860, 5th série, t. XV, p. 457.

15. *Bulletin de la Societé de Chirurgie*, 2 série, t. II, p. 453. Sédillot et Legouest ne leur reconnaissent pas d'avantages bien marqués. [*Traité de Médicine Operatoire*, t. I, p. 139.]

In the month of December of the same year, Malgaigne made some comparative experiments, which have been reproduced by Labbe in his thesis on the treatment of genito-urinary fistula in females by the French method, and which were not favorable to the metallic sutures. It was then that Ollier undertook his researches. After having experimented comparatively with sutures of silver, lead, platinum and iron, he gave the preference to the last, which Simpson, of Edinburg, had first substituted for the silver.

Independently of its low price, iron has the advantage that it can be drawn into wires extremely fine and yet very resistant, owing to the tenacity of the metal. This property is most precious in the eyes of the able surgeon of Lyons, from whose experience it appeared that the finest sutures are the ones best supported by the living tissues. Those that he was in the habit of using for autoplastic operations are as fine as a hair, and yet they possess sufficient strength to be managed with perfect safety.[16] They require only a single precaution, which is, tightening the sutures to avoid mechanical section of the tissues by drawing on them too strongly. With this condition metallic sutures are, in his operations, superior to all others, and he proposes to substitute them for organic in all cases.

He has obtained with them the most excellent results in the treatment of purulent collections, and especially of small glandular abscesses in the neck. They are excellent filiform setons, which perform the office of a drain, which do not irritate the walls of the cavity which they traverse, and enable us to effect a cure without cicatrices. He recommends them even as ligatures for veins and arteries, and in the operation for varicocele. Ollier is not the only French surgeon who has adopted metallic sutures. Follin, Verneuil and Gosselin were from the first among its defenders. Courty, of Montpellier, Letenneur, of Nandes, use them in every case where sutures are indicated. We have been able, like them, to prove the superiority of these sutures in a certain number of operations. Their principal advantage is their impermeability. The organic sutures are impregnated with liquids which are altered by contact with the air, and so become irritant.

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16. Leur oxydation ne lui a jamais paru avoir d'inconvenients; toutefois, lorsqu'ils doivent séjourmer longtemps dans les parties, il choisit des fils galvanisés.

They are no longer a simple means of keeping the parts approximated, but they act as small epispastic setons which ulcerate and cut the tissue. The metallic sutures, on the contrary, exert on the parts only a mechanical action; when they are not tightened too much they remain indefinitely in the parts without producing inflammation, the same as lead balls and the fragments of glass.

Letenneur cites the case of a young girl who carried, during a year, without perceiving it, a silver wire suture that Dr. Thoinnet had applied after a resection of the inferior maxilla, and which he had forgotten to remove. Thanks to this inocuity, the number of sutures may be multiplied without inconvenience, and to secure thus a more exact coaptation. The rigidity of the metal renders it permanent, whilst the arch of the organic suture relaxes, becomes loosened, when ulceration has commenced, and no longer maintains the flap of the wound in contact. The metallic sutures, when the wire is very small, are applied and fastened with the greatest ease. We will spare the reader the description of all the instruments which have been invented to facilitate these maneuvers. The needle-holders of Simpson, Startin, Murrey, Michel, Péan; the suture-twister of Coghill; the metal plates, the buttons of various forms; the lead rings of Galli, Fabrizzi; the suture-adjuster of Bozeman—are all implements for some special operations, and we here refer only to the application of metallic sutures to the closure of wounds in general. We consider the use of metallic sutures highly advantageous, not only when employed in autoplastic operations performed within cavities, but for all those which require accurate approximation of the parts with a firm support, as in autoplastic operations on the face.

In very extensive solutions of continuity which follows the removal of voluminous tumors, their superiority is not so marked. We have, however, obtained the highest advantage following the removal of the breasts; voluminous lipomata where there remained enough healthy skin to allow of the approximation of the edges of the enormous wound. The quilled suture made with the silver wire and gum elastic bougies permits the approximation and supports the flesh during the time which cicatrization requires, and no other means has given us equally beautiful results. The coaptation is so exact that it results in an almost imperceptible linear cicatrix. We have also seen with

pleasure that the same idea has occurred to E. Backel, of Strasbourg, and that he has put it in execution in like manner.[17]

2ND. ARTIFICIAL OCCLUSION OF WOUNDS.—Immediate closure is the best of all means for occlusion, but it is not applicable to all solutions of continuity which are accompanied by a loss of substance, or considerable attrition; gangrenous wounds, and finally ulcers do not permit it, and it is to seeure the same benefit, it is to protect them equally against the action of the air, that surgeons have invented the modes of treatment of which it remains for us to speak.

EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL. By Dr. A. H. OHMANN-DUMESNIL.]

SUB-CONJUNCTIVAL CYSTS.—At a meeting of the French Society for the Advancement of Sciences, M. Fiewzal presented a report of two such cysts. In the one case he succeeded in enucleating an old hydatid cyst, the tumor being about the size of a large chestnut. After the operation there was a slight strabismus, due to the fact that the tumor had developed at the expense of the external rectus muscle. The other case was in a girl, three years old, who had measles with chest complications. The tumor threatened to open; upon being opened by the surgeon, there issued a little pus followed by a cyst containing a live cysticercus. The author considers these rare cases, but about twenty being on record.—*Progrés Médical*, Sept. 13, 1879.

MULTIPLE AMPUTATION—RECOVERY.—At the Academy of Medicine at Paris, M. Rochard related the following case in Dr. Lesclenc's practice, at Brest. On May 27, 1878, Molé, æt. 32, was run over by a locomotive. The following wounds were found: a backward dislocation of the left elbow, the right thigh cut across and the left leg crushed. The thigh was immediately

17. Son procédé a été exposé devant la Société de Médicine de Strasbourg, a la sèance du 1st Décembre, 1859, et est dècrit dans la *Gazétte Hebdomadaire*, de 1860, t. VII, p. 115.

amputated and the dislocation of the elbow reduced. The leg was amputated on the following day. Eighteen days after, the arm had to be amputated on account of gangrene. The dressing was Listerian and together with a strong, nourishing diet, the patient effected a complete recovery.—*Lyons Médical*, Sept. 7, 1879.

FLOATING CARTILAGE OF KNEE-JOINT.—M. Leon Montaz gives an account of such a body being removed by a free incision into the joint, the opening being about five c. m. long. The body, which seemed of a fibro-cartilaginous texture, was of considerable size (about that of "the ovary of an adult woman"). It could not be removed by the ordinary method, on account of an external dislocation of the patella. The Listerian spray and dressing were adopted throughout, and, in the author's opinion, secured the complete success that followed. The union was immediate and no fever or disagreeable symptoms arose during the cure which followed.—*Ibid*, Sept. 14, 1879.

NOTES ON DIPHTHERIA.—M. Chas. Talamon, in a paper to the Société Anatomique of Paris, gives the following among many other valuable observations made in the course of 108 autopsies on diphtheritic subjects. He found present:

Labial diphtheria,	2
Œsophageal,	1
Stomatic,	1

(In these cases there was pharyngeal and laryngeal diphtheria co-existing.)

Of pharyngeal and laryngeal there were 99 cases, distributed as follows:

Pharyngeal,	27
Pharyngeal and laryngeal,	20
Pharyngeal, laryngeal and tracheal,	7
Pharyngeal, laryngeal, tracheal and bronchial,	31
Laryngo-bronchial,	8
Laryngo-tracheal,	1
Laryngeal,	5
	—99

In these 99 cases clots were found:

In the right heart,	90 times,
In the left heart,	82 times.

—*Progrés Médical*, Sept 20, 1879.

PROLAPSE OF RECTUM TREATED BY INJECTION OF ERGOTINE.—Dr. Videl, of the Hôpital St. Louis, says that he has achieved success by the above procedure in a patient suffering for over eight years from a prolapse of the rectum. He employed the injection of ergotine. In three months the cure was accomplished. Several other cases treated in the same manner were relieved in a much shorter time. At the hospital a female patient who had an old prolapse, was almost completely relieved after three injections.

The contractions induced by the ergotine extend to the bladder and determine a spasmodic stricture of the neck and dysuria. —*Paris Médical*, Aug. 28, 1879.

INTERNATIONAL MEDICAL CONGRESS AT AMSTERDAM.—Some 500 members were present at the meetings which took place from Sept. 8th to 13th. The following papers were read:

Stuttering, by Chervin, of Paris.

The influence of tobacco on the origination, prophylaxis and cure of scurvy, by A. Bertherand.

Beri-beri, by J. Van Leent.

Antiseptic method, by Lister.

Eye diseases and their relations to cerebral localizations, by Otto Becker, of Heidelberg.

Indications and contra-indications to operations in subjects having constitutional diseases, by Verneuil.

Regulation of prostitution and public health, by Robt. Drysdale.

Treatment of abdominal and petychial typhus by the douche, by Marcowitz, of Bucharest.

Physiology of reading, by Javal.

Protection of childhood against premature work, by G. Van Houten, of the Hague.

Propagation of miasmatic epidemics, by J. Van Geuns, of Amsterdam.

Medical education, by Virchow.

Tracheo-bronchial adenopathy, by Guiraud, of Menton.

Researches on the transfer of sensibility, by Eulenberg, of Greifswald.

SECTION OF MEDICINE.

Bright's disease and primitive cirrhosis of the kidneys, by Rosenstein, of Leyden.

Phosphaturia in pulmonary phthisis, by Stokwis, of Amsterdam.

The relations of syphilis and pulmonary phthisis, by Schnitzler.

Pathological anatomy of infantile spinal paralysis, by Damaschino and Roger.

Action of magnets in nervous diseases, especially in anæsthesias, by Ballet and Proust.

Relations of caranoma to the lymphatic system, by Mrs Hoggan.

The climate of Algeria in relation to consumptive diseases, by Landowski.

Bright's disease, by Semmola, of Naples.

Treatment of interstitial hepatitis. *Ibid.*

Cold baths in typhoid and continued fevers, by Brondgeest, of Utrecht.

Treatment of Phthisis, by G. Delaunay.

Syphilitic affections of the larynx, by Zaverthal, of Rome.

Contraction of Larynx and tracheotomy, *Ibid.*

Bronchial asthma, *Ibid.*

Phthisis in woman, by G. Daremberg.

SECTION OF SURGERY.

Sub-pubic lithotomy, by Van Goudœver.

Treatment of bloody tumors or cysts by injections of chloride of zinc, by Th. Anger.

Blepharoplasty, by Aniello D'Ambroso.

Operative treatment of aneurisms of the arch of the aorta, by Kuster.

Deviations of the skeleton, by Hueter, of Greifswald.

Non-syphilitic diffused periostitis of the bones of the face and cranium, by Le Denta.

Plaster jacket in Pott's disease, by Sayre, of New York.

Treatment of hernias for radical cure, by Tilanus, of Amsterdam.

SECTION OF BIOLOGY.

Development of cells, by Treub, of Uoonchoten, near Leyden.

Some modifications in the periods of the graphic method, by Marey.

Errors in the theory of resting-points, by Onimus.

Movements of the embryo chick, by Preyer, of Jena.

Museular construction of the tail and claw of the crawfish, by Richet, of Paris.

Causes of sounds and noises in the vascular system, by Heyrsius.

On sphygmographic tracings, by Isebree Moens.

Differentiation in Biology, by G. Delaunay.

SECTION OF OBSTETRICS AND GYNÆCOLOGY.

Treatment of uterine fibroids, by J. De la Faille, of Leenwarde.

Prophylaxis of puerperal fevers, by Halberstma.

Pilocarpine and eserine—their action on the uterus, by Van der Mey, of Amsterdam.

New method for perineo-raphè, by Leblond, of Paris.

The place due to gynæcology in questions having relations to procreation, by Petiteau.

Extra-uterine lithopedion, by B. de la Faille.

Retention of the fœtus in the uterus, by Szczygielski.

Tetanus of newly born infants in America, by Coni.

Complete inversion of the uterus, by Forget.

SECTION OF PUBLIC HYGIENE.

Reconstruction of the City of Szegedin, by Grosz de Cszatar.

How to estimate the state of the public health, by Zeeman, of Amsterdam.

Pneumatic system of rendering cities healthy, by Palasciano.

Infantile mortality and premature death, by Allbutt.

The limit of public authority in regard to food stuffs, by Seelheim, of Utrecht.

Demography in the medical sciences, by Chervin, of Paris.

Choice of potable waters in the interest of public health, by Van Tienhoven.

Organization of public hygiene, by Belval.

Propagation of typhoid epidemics by milk, by Hart.

Methods by which governments can protect the populations against contagious diseases, by Van Overbeck, of Meyer.

Measures to be taken to suppress varioloid, by G. Dulaunay. —*Progrés Medical*, Sept. 14th, 21st and 28th, 1879.

Translations from the Spanish.

PORNOGRAFIA DE BUENOS AYRES. By JOS. WORKMAN, M. D., of Toronto, Canada, President of Toronto Medical Society.

Under the above title, which is, perhaps discreetly, not intelligible to old ladies of both sexes unfamiliar with Greek, Dr. Dupont has published in the *Revista Medica Quirurgica* a series of articles, demonstrating "the necessity of a Dispensary of Health and of a Bureau of Morals for the Regulation and Repression of Prostitution."

It is a fact of no unusual character that in some countries, claiming to be of superior civilization and advanced enlightenment, such pre-eminently as England and the United States, every administrative or legislative measure purporting to operate towards the regulation or supervision of a moral evil, which all the ages of the world have proved to be ineradicable, and which so long as organic and physiological laws continue to exist, will remain so, has met with the prompt and stern condemnation of the very class of the population most likely to be benefitted by the proposed measures.

The unreasoning aversion to interference with the realm of prostitution, evinced by virtuous, and in other relations, highly benevolent women, fostered by a few out of petticoats, of similar impracticality, is about on a par with their no less senseless abhorrence of animal vivisection. Can any intelligent and truly humane physician be found who will dare to deny that of all in society, women are the most directly interested in the adoption and energetic execution of any and every regulating or suppres-

sive measure, by which the propagation and spread of venereal diseases may be, if not indeed prevented, at all events beneficially circumscribed and controlled. Are we forever to breathe an atmosphere of sentimental mock modesty, reeking with the pestilent fumes of hidden constitutional rottenness, and year by year to witness the havoc revealed to only *our* eyes, of the most virulent and enduring pestilence ever sent as the penalty of sinning humanity? How many a loved, healthy, bright and pure girl, entering on conjugal life with every hope of happiness, may we not have seen consigned, in the lapse of a few years or even months, to worse—infinitely worse—than a living tomb, for, to be buried alive would be a relief, compared with that agony of enduring putrescence, she *and her offspring* are doomed to bear until the last flicker of life's lamp has cast its rays on the path to the friendly grave. Is this an overcolored picture of the devastations of syphilis? Verily it is not with the writer. It is drawn, not from the imagination, but from breathing, languishing, polluted realities.

The seventh chapter of Dr. Dupont's work is given in the first August number of the *Revista*, and perhaps you may not deem a translation of it unworthy of the requisite space in your columns.

"*Of the International Prophylactic Measures for the Extinction of Syphilis.*—That eminent and judicious English hygienist, Dr. W. Acton, in one of his masterly works, says: 'A day will come I hope, when among the other social questions, the measures necessary for the extinction of syphilis will be forced into discussion.'"

It is, then, with deep interest that I have (in previous chapters) passed in review the difficulties which must be encountered in the regulation of prostitution, and to witness what the nations, whether by individual initiation or in collective form, have done in this direction to accomplish the grand *desiderata* of hygienists and moralists.

It having been demonstrated that the law can neither recognize nor prohibit prostitution, which has its traditional causes, dominated by the dragging forces of the senses, which set reason at defiance, the nations have therefore recognized the necessity of enduring this perennial chronic plague of humanity, and some of them have been prepossessed by the intensity and the danger, every day augmenting, of the syphilitic contagion, but have considered their vigilance in regard to the public safety insuffi-

cient. Accordingly various initiative steps have been taken by physicians, hygienists and administrators, with the object of discussing collectively the prophylaxy of venereal diseases, and all the civilized nations were represented at a great medical concourse held in Paris in 1867. This, however, was not the first time that conferences of hygienists were occupied with this transcendental question. In 1835, 1843 and 1852, conferences were held in Brussels to discuss the same subject. In 1844, in Marseilles, in 1865 in Bordeaux, conferences were held on venereal affections and their general prophylaxy.

Before speaking of the labors of the First International Congress on the prophylaxy of syphilis, let us consider, under retrospective view, how long the countries and cities which sent delegates to the Congress had been occupied in the repression of the scandals and dangers of prostitution. We must reckon, however, by the antiquity of the organized services of the police which they maintained.

Paris was the first city to comprehend the necessity of having regulations to render effective a police of morals (costumbres); in prior chapters I have had occasion to record its history.

Lyons, Marseilles, Bordeaux, Lisle, Brest, etc., adopted as the bases of their system, the regulations of the metropolis, with improvements in certain parts.

In Brussels the regulation of the police of morals was promulgated on the 24th May, 1844. The regulation proposed in the name of the Belgic government in 1856, by the Superior Council of Public Health, served as the model for the communal authorities. This regulation, discussed and sanctioned by an assembly of physicians and administrators, is at present in force and is of true importance. It has given the most excellent results, since out of 1000 patients in Brussels, only 15 to 20 cases of chancre were noted. In Antwerp, a maratime and military city, only 50 syphilitics per thousand of sick are reckoned. Such was the first movement towards the adoption of an international regulation for the prevention of venereal diseases.

Hamburg has had its regulation of the police of morals since 30th January, 1834. It presents many imperfections yet uncorrected.

In Berlin, by decision of a royal presidency of police, of 18th December, 1850, a commission was instituted for a police of morals. The cities of the Hague and Rotterdam adopted some

time back the provisions of the Paris regulation. *No tax is imposed on the houses of tolerance. No payment is exacted for sanitary visits.*

In Turin a regulation for a police of morals, applicable to all the provinces of the kingdom of Sardinia, was published on the 20th July, 1855, by the Minister of the Interior, Mr. Ratazzi, but the city of Turin revised and perfected its regulation on 1st January, 1857.

The regulation of the police of morals of Madrid was published 5th November, 1865. It is under the direction of the Governor of Madrid. This regulation is of immense extension, covering over 30 pages in 8vo, as if the abundance of its provisions could replace the intelligence and activity of the agents.

In some cities of the United States, sanitary means analogous to those of Europe, were adopted in 1865. Without doubt, however, in the greater number of the cities of the great republic, prostitution is unrestrained and accordingly syphilitic infection is very intense, as the statistics of Singer, Barnes and Woodward show. Old and cultivated England, dominated by its determination of systematic abstention, which by virtue of its formalized religion has endured for ages, decided at length, in 1864, to repress prostitution when Dr. Holland estimated the number of prostitutes in Great Britain at 50,000, and calculated that syphilis was at that time affecting 1,652,000 persons of both sexes.

The law of July, 1864, "*The Contagious Diseases Prevention Act,*" which applied only to eleven naval and military stations, was notably extended by the act of 11th June, 1866. Public opinion was much disturbed in England by this new legislation. A vast association was formed among the ladies of the most select aristocracy, under the title of "*The Ladies' National Association for the Repeal of the Contagious Diseases Acts;*" this association had, and has yet, in 1879, its meetings, publications, books, journals, *tracts*, and its *daily*, "The Shield," besides its preachings. All this, destined to keep up the agitation in the minds of the people for the suppression of the public decrees, forgetful of the axiom that sanitary protection is the best promoter of the public health.

In concluding this review, before quitting the northern seas, I may instance Finland, which has held out *gratuitous medical assistance* for 25 years past to every individual attacked with venereal disease. In the large towns prostitutes are subjected to

a very severe vigilance. The sailors coming from strange ports must undergo a sanitary visitation before coming ashore.

In Sweden and Denmark syphilitics also receive gratuitous assistance. As regards the repression of prostitution, the question discussed by all those countries which met at the first International Congress was, "Is it possible to propose to the various governments any efficacious measures for restricting the propagation of venereal diseases?"

The productions presented were important, and of the highest interest, and gave place for the publication of a special and very complete work, edited in 1878, with the title, "*Le Congres Medical International.*" Among the scientific propositions made, we may cite, as worthy of curiosity, those of Drs. Didaz and Anzias-Turenne, recommending syphilitization, or to speak more clearly, a species of vaccination for inoculation of the syphilitic virus; and that of Dr. Cohen, who advocated circumcision of the newly born. Dr. Leon Lefort argued that consideration should be given to the augmentation of the number of houses of tolerance, in order the better to repress clandestine prostitution, because, as Dr. Seitz says, the excessive severities against prostitution force it into secresy, thus rendering it the more harmful to the public health. Dr. Jarin, in his turn, said that we should remove the barriers which impede admission of syphilitics into hospitals, and abrogate those large and odious formalities which, by retarding the entrance of the infected, aggravated their malady, thus fostering in them the virus for its reproduction, in destruction of both the present generation and the race.

The second International Medical Congress relating to the prevention of venereal diseases was held at Florence, in 1870. The distinguished Dr. Sperino, of Turin, presented a notable work.

The third Congress took place in 1873, and selected as the place of its meetings the City of Vienna, where a universal Exhibition was in progress. In the capital of Austria-Hungaria brothels are not tolerated, and prostitution is prohibited by a law which orders the imprisonment of prostitutes. I have already made known my opinion as to prohibitory laws, but the figures of Austrian sanitary statistics, of themselves alone, suffice to confirm most eloquently all I have written in this relation. Notwithstanding the law prohibiting prostitution in Vienna, it is calculated that the city contains over 15,000 prostitutes, in a pop-

ulation of 600,000, (or say one to every ten adult men.). Besides, whilst in other nations the proportion of illegitimate children is as 70 to 80 in the 1,000 births, this proportion in Vienna is 509 to the1,000; and, an almost incredible fact, it is in Olmutz (Moravia) 702 in 1,000[1].

Finally, in the Austrian army, which in 1868 had an effective average of 237,000 soldiers, there were reported 26,722 venereals, (nearly one-eighth of the whole force.)

The hygienists of Austria-Hungaria can then speak of the ravages from prostitution with good knowledge of the cause, and nothing can, better than these penalties, indicate the necessity of repression.

I shall conclude this chapter with the transcription of a portion of the interesting and authorized work of Dr. Sigmund, presented at the third International Congress in Vienna, in 1873, of of which the following is a translation:

"It is universally known that syphilitic affections, being not only contagious, and always grave and extended, but also partially transmitted to descendants by generation and inheritance, constitute a scourge so much the more perilous to the physical and moral perfectionment of individuals of the family and the state, which continue in permanence in all nations.

"A great number of grave affections (inflammations, neuroses, scrofulas and many others), hold an intimate relation with syphilis, which provokes and complicates them in a very serious manner. The origin of syphilis and the causes of its propagation are understood as are those of other contagious diseases. In all the dense collection of population in the cities and towns, and all parts where the counsels of the physicians have been carried out, results entirely decisive have been obtained. In the face of endemic diseases, the devoted activity of one or of various individuals proves powerless. It is generally admitted that in the presence of the frightful ravages of syphilis and the constantly augmenting numbers of those affected by the disease, which attacks all ranks of the population and presents itself in forms and complications so varied, some provisions, restrictive, prophylac-

1. NOTE BY THE TRANSLATOR.—Dr. Dupont has not mentioned the names of the other nations which have only 70 to 80 illegitimates in 1,000 births. It is pretty evident he has not traveled in Norway, Sweden, Denmark, or even Scotland, and verily he cannot include his own city or the Argentine Republic in the more virtuous class.

tic, prudent and well-founded, are indispensable, and that those provisions would give excellent results. It behooves the Legislature and the Executive of the State to take the means necessary for this purpose. The provinces and municipalities cannot be abandoned to their own action, because, though both may be more or less capable of framing and executing the regulations of the police, they cannot exercise a vigilance sufficiently active; they can neither bring to the work the energy nor the means necessary for its accomplishment." [Dr. Dupont here interposes the following note: "I do not share in the opinion of Dr. Sigmund; I think the municipalities of large cities are those which, on the contrary, can best accomplish the object."[1]]

Among the causes which propagate syphilis we may mention first, prostitution, under all its forms and varieties, but principally the clandestine; second, the impossibility or the difficulty of contraction of marriage by certain classes. The dense grouping together of persons, above all, in the commercial cities and seaports; the assembling of troops; the mixing of persons of various origins, and different other agencies, favor extremely the propagation of syphilis. The cases less frequent, but even more fearful and more deserving of attention, are those in which the disease has been communicated by midwives, by nurses and infants, by exposed children, by vaccination, circumcision, by infection peculiar to certain professions (musicians, cigar-makers, etc.,) and finally by generation and the inoculation of offspring.

Let us now consider the progressions of syphilitic contagion—a contagion whose cause may be traced back into the daily relations of persons living in society; let us next enumerate the uninterrupted and enlarged inter-relations of cities and nations, which particularly concern the youthful class of the population, and the malady will be found to augment from all these means of extension, so that we may conclude, first, that the state alone is capable of fighting against the syphilitic scourge and arresting its march; and secondly, that all nations should adopt general and uniform measures to proceed with one accord.

If it is desired to secure a satisfactory result, an international law for the regulation of prostitution and the prevention of syph-

1. NOTE BY THE TRANSLATOR.—This may be Dr. D.'s belief, but it surely is not based on his experience of the character or energy of his own municipality, which is one of the most ignorant and negligent in or out of Christendom.

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{ ISIDOR WALZ,

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In conclusion, on account of its unalterability and its great affinity for perfumes. I believe that 'Vaseline' merits the attention of the scientific and industrial world."

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This article is of great value as a base for Cerates, Ointments, etc., and for Medicinal and Toilet uses, and is superior to the present bases used for Cerates, etc. It deserves the patronage of the profession, and shows maintained Superiority. A Silver Medal Awarded.

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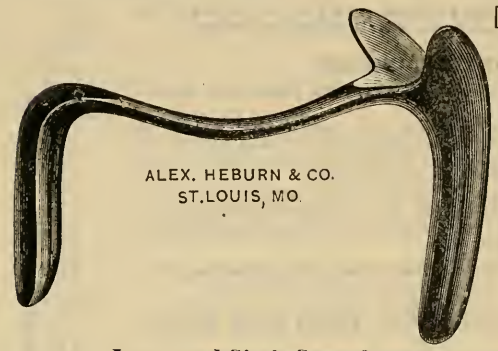

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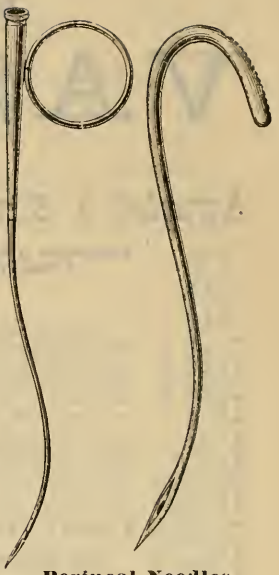

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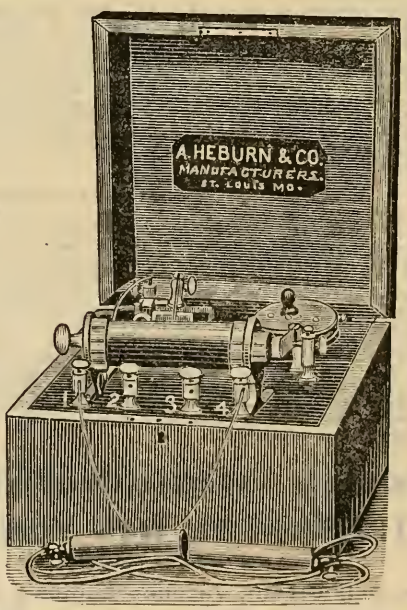

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ilis should be promulgated. Such a law is already necessary, and it ought to be decided on even before the international laws and regulations, which physicians and officials are at this moment preparing for the prevention of other contagious diseases (cholera, plague, yellow fever, small-pox, etc.) Let the duty of executing the law appertain, either wholly or in part, to the State; or let it be divided between the provinces and the municipalities, but the superior direction and the vigilance should, beyond doubt, rest in the hands of the state, and even be confided to a central administration. Profound science, great energy, moderate and circumspect conduct should be the qualifications of all the functionaries charged with the discovery of the infected, and the censorship of prostitution.

In order to discover and treat the diseased, it is indispensable to select courageous, well-instructed and resolute physicians; to appoint them in sufficient numbers, and to pay them liberally. Such are the provisions indispensable in favor of those employed, in order to mitigate their difficult, ungrateful, and, at times, dangerous task. It is mainly by employing a sufficient number of capable and respectable physicians that we can meet the necessities of the public and of organized bodies; and this is, besides, the only means of annuling the large and pernicious influence of charlatans and quacks, to whom the diseased preferentially have recourse, whilst the regular practitioners are more or less shunned.

The discovery of cases ought to be as prompt as possible; the treatment ought to be ordered according to the particular interests of the patients, and all the measures taken at the outset should be free from every appearance of humiliation, menace or censure. The medical prescriptions should be accommodated to the circumstances and situations of the persons."

CONGENITAL AMBLYOPIA DUE TO THE RUDIMENTARY STATE OF THE OPTIC PAPILLA. Translated for the JOURNAL by Dr. A. H. OHMANN-DUMESNIL.

Dr. Fernandez confesses to having never seen a case of the kind recorded as unmistakably congenital. [The author here gives a bibliography of analogous cases, but remarks and points

out the dissimilarity.] The notes of the case are as follows: Pablo Perez presented himself on March 28th, 1879. He is of small stature, of a lymphatic temperament, and of regular proportions; he walks with the head drooping and inclined to one side. His father says that he has been blind from birth, and can assign no reason therefor. Never had medical treatment, and no others of the family blind. The patient is imbecile, although twenty-five years old, and acts quite like a child. In external appearance the eyes do not present any abnormality. The iris is of a greenish-blue, sensible to light, and the pupil a little larger than normal. The visual acuteness cannot be determined, as the patient cannot read. He can distinguish bodies very imperfectly, not being able to take in the details of form, color, etc. He can distinguish the principal colors, if they are bright.

On attempting an examination with the ophthalmoscope, the trembling was so great as to lead to a suspicion of an affection of the optic nerve. The pupil was dilated, the patient chloroformed, and then examined, the following being the appearance: The optic papilla, found without difficulty, was reduced to a small white spot, slightly yellowish, of an oblong form, and of about one-third its normal size. From its center issued attenuated vessels having but few branches. About this small spot there was a narrow zone of a blueish-gray color, almost blending with that of the retina. This seemed to indicate the outer limit of the normal papilla. The retina had numerous pigmentary spots, distinct from those present in well known changes, such as pigmentary retinitis, chloroiditis, atrophy, etc. In this case they presented the appearance of small dots irregularly grouped in lines. Their color, grayish-black, did not approach the intensity of coloration of ordinary pigment cells. The fundus of the eye was of an intense red at the periphery, becoming paler, and, as it were, orange-colored toward the center.

Although the papilla is doubtless the only "blind spot" in the fundus of the eye, it seems to subserve the function of transmitting the impressions of images, on the retina, to the brain. Nerrman long since demonstrated this fact. In the present case, the rudimentary state of the papilla can thus satisfactorily explain the confused and illy defined impressions made on the brain of the patient.—[*Cronica Medica-Quirurgica de la Habana, Sept., 1879.*

Naso-Pharyngeal Polypus. The tumor completely filling the mouth. Patient presented to the Society by Dr. R. P. Lincoln four years after he removed the tumor. See page 467.

Proceedings of Medical Societies.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION.

Naso-Pharyngeal Polypi, with Demonstration of Cases.

By R. P. Lincoln, M. D., of New York.

Case I.—In April, 1875, I was consulted by J. B. J., a youth aged 15 years, who gave the following history: He dated his complaint from the autumn of 1871, when he was first annoyed by a constantly irritable and sore throat with some expectoration. There was also some obstruction to nasal breathing and a nasal discharge. Though evidently by nature a bright boy, he at this time suffered when in school from a feeling of heaviness and drowsiness that passed off when in the open air.

During the following six months three different physicians undertook the charge of his case, using local applications in the nostrils and throat by means of sponges and brushes. In the spring of '72, at the suggestion of his family physician, a specialist in this city was consulted who recognized the true nature of the disease and attempted the removal of the tumor by evulsion with forceps. This was apparently but partially successful when compressed and medicated sponges were introduced above the pharynx and into the right nostril and left *in situ*.

This treatment was followed till August, '72, when, alarmed by the increasing frequency of hemorrhages, he was placed under the care of a prominent homœopathic practitioner, various members of which class occupied most of the patient's time for two years and a half, while the growth slowly but steadily, and at the same time the attendant symptoms, as pain, hemorrhage, mental disquietude, increased. The right side of the face had become decidedly prominent and it was already many months since air could be forced through either nostril.

On examination through the mouth, the pharynx was found occupied and distended by a tumor, extending about half an inch below the margin of the soft palate, ulcerated on its inferior surface for a space as large as a silver twenty-five cent coin and resembling in shape the large end of a pear. The soft palate was depressed and its posterior two-thirds deflected to near a right angle, and stretched over the tumor. The tumor itself was

elastic to the touch and generally of a pale purplish color. The index finger of the right hand could trace its insertion in the vault of the pharynx, more on the right side than the left, posteriorly, while anteriorly it was found to occupy the right nostril. The right nostril, when freed from mucus and inspected, disclosed the shining mucous membrane of the tumor, occluding this nostril to within about an inch and a half of its margin. The left nostril was free to the passage of instruments till the posterior nasal region was reached, when an obstacle was met.

There was a characteristic fullness of the right cheek over the zygomatic fossa, and extending a little below it. By seizing the cheek at this point with the thumb and fore-finger, the finger being in the mouth, this prominence was found to be caused by a tumor near the buccal mucous membrane and prolonged from behind the zygomatic arch ; it was about the size of a small olive, elastic, and so movable that it could easily be pushed under the zygoma, but immediately the sustaining force was removed, it would again come down.

The hearing of the right ear was impaired, but was variable.

Hemorrhages had now become quite frequent, as often as once a week, and profuse. In fact one was excited by my examination, which was not harsh. At this time the blood poured from the ulcerated surface of the dependent tumor, and was stopped by an application of powdered tannin.

Other advice was sought, when an operation involving a section of the bones of the face was urged.

After considering the uncertainty of a permanent result from any operation usually practiced, as well as its danger and disfigurement, it was decided to submit to my suggestion to remove the growth by means of the galvano-caustic loop, and afterwards to thoroughly destroy the stump by repeated applications of the galvano-cautery. Accordingly, on the 26th day of April, 1875, in the presence of several members of the profession belonging in this city, a few astringent spray applications having been previously made, to allay the surrounding irritation of the mucous membrane, I operated as follows:

Before etherizing the patient, a looped platinum wire was passed through the right nostril and the looped end carried back into the mouth, opened, passed under and behind the pendulent tumor and carried by the finger and suitable instruments up to the insertion of the growth. The two terminals of the wire

which were protruding from the nostril were then pushed through the double canula-like electrode which was afterwards to be attached to the cautery handle. Care had been taken that these wires should not become crossed, and the conductor was slid over them till its end reached the pedicle of the tumor. As this was tightened the greatest care was taken that the wire should grasp the pedicle as close on its insertion as possible. The patient was now etherized, the wire being retained in position. The attachment was then made to the galvano-cautery handle and battery and the tumor successfully severed by the heated wire in a few seconds, and without embarrassment. The polypus was removed through the mouth without difficulty while the slight bleeding that followed stopped in a few moments spontaneously.

Free respiration through the nostrils was immediately established, and articulation, which before the operation was difficult and indistinct, became at once clear and resonant. The tumor weighed one ounce and six drams and the diameter of its cut surface measured one inch and three-fourths. It was invested by mucous membrane and a section presented a white fibrous appearance, marbleized with purple streaks.

A microscopic examination determined the growth to be mainly fibrous throughout.[1] The after treatment, to which I am inclined to attribute the ultimate success of my method, consisted in the repeated cauterization of the stump by means of the galvano-cautery, using a platinum disk about the size of a five cent silver coin.

A description of this instrument which I devised for, and first used in this case, was given, with a figure, in the *Medical Record*, Dec. 30, 1876, in connection with an account of some cases of adenoid of the fornix treated by it.

There were made, in all, twelve cauterizations, at intervals of from four to seven days, leaving, after the immediate effect had

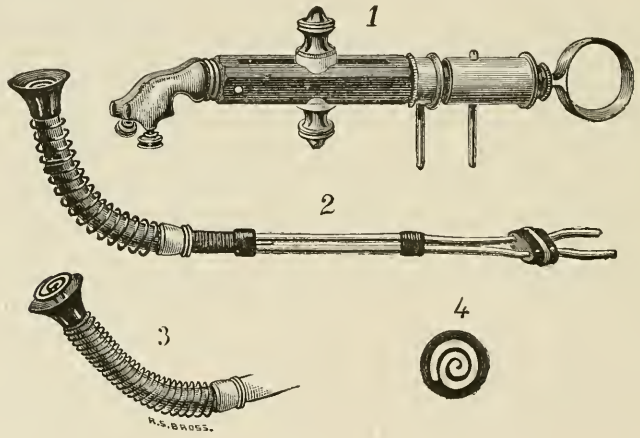
1. Dr. C. Seiler, of Philadelphia, subsequently made a critical examination of a section of the tumor with the following result: Large bundles of white fibrous tissue running in different directions. Between the fibres of the bundles were seen numerous spindle cells and a few small, round, granular cells. The vessels were numerous and large, having well marked coats and a distinct lining of endothelial cells which were seen to have proliferated in some of the vessels. The tumor was covered with pavement epithelium. I regard this tumor, therefore, as a fibroma undergoing cavernous transformation and being in a state of irritation.

passed off, a fairly smooth cicatricial surface, occupying the right half of the vault and extending over the median line a small space.

I have examined the patient every month or two during the interval since these operations, a period of more than four years, and I am happy to report there has been no disposition to reproduction, nor has the tumor that presented outside the facial bones increased, but on the contrary, there has been a slow and steady atrophy of this part, an opinion in which the patient, whom you now have an opportunity to examine, as well as his friends, coincide.

I also present for your inspection the tumor itself, which has been preserved in alcohol.

On account of the importance of a convenient electrode to be used through the mouth in the posterior nares, in the after treatment of these cases, I reproduce for your convenience from the number of the *Medical Record* referred to, the wood cut and its description.



1. Leiter's universal handle. 2. Electrode, on which is fixed a spiral spring terminating in a shield of bone, concealing a platina disk, which terminates the electrode. 3. The same with the disk disclosed by the recession of the shield when pressed against the diseased tissues in the act of cauterization. The shield serves to protect the surrounding parts in case the instrument is grasped by them during the operation. 4. The disk in its relation with the shield.

The above figures are one-half the size of the original.

"It consists of an addition to one of Leiter's electrodes, and used with his universal handle, all of which is figured herewith.

"In some cases the shield described below may be dispensed with, either on account of the patient being able to avoid contraction of the palate during an operation, or when it can be controlled by some retractor, as the rubber cord suggested by Dr. Wales."

Case II.—In the fall of 1874, at the suggestion of the family physician, Dr. Lutkins of Jersey City, I was consulted by the parents of M. B., who related as follows about their son:

It was in the spring of '69 their attention was excited by his difficulty in breathing through his nose, caused by some obstruction, which was supposed to be an ordinary cold in his head, but which resisted every attempt for relief, though many and various were tried till the middle of the following September, when he was placed in Dr. Lutkin's hands, who detected the true cause of the trouble. At this time a polypus made its appearance in his throat, was growing rapidly, and hemorrhages caused by it were frequent and exhaustive. Dr. Willard Parker now saw the patient in consultation and advised immediate surgical interference by excision, previously dividing the soft palate, which was made Oct. 8th, '69. According to the report made to me, the patient barely survived the operation, but, after a fortnight, rallied rapidly and gained physically through the following winter. However, during the holidays there were symptoms of a recurrence.

In the first half of '70 its growth was again rapid and hemorrhages were frequent. By July it had attained such dimensions that the embarrassment was so great as to demand interference, when, on the 12th of that month, nine months after its first removal, Dr. Lutkins repeated Dr. Parker's operation.

To relate the history of the next four years would be to repeat what we have already read of the past two, viz., steady growth of the tumor, frequent hemorrhages, difficulty in breathing and swallowing, extreme debility, and in addition, symptoms of septicæmia, as evinced by abscesses in hand, arm, and other parts of the body. I first visited the patient at his home in Jersey City, July 21st, '74, and found a youth 19 years of age, about 5 feet 8 inches in height, and weighing 68 pounds. The evidence of debility and emaciation were manifest in a most striking de-

gree and to add to his uninviting appearance, was a protruding mass, a portion of the tumor, extending from the left nostril half over his upper lip; from his open mouth, through which the patient was breathing, also protruded in front of the line of the upper incisor teeth, the œdematous uvula, which, as he said, he might easily have bitten off. There also appeared here a portion of the tumor itself, which was a part of the mass that filled the upper part of his mouth and which, when the mouth was closed a moment at my request, completely filled it. Had there been no other obstacle in the way, mastication would have been impossible, for the upper jaw had been so much spread asunder that its teeth could not appose those of the lower. The nose throughout its length presented a characteristic appearance to a marked degree, and even the eyes were so much out of normal axis as to give double vision, the left eye protruding and carried slightly outward. Deafness and pain in his ears were common but not constant.

Considering the feeble condition of the patient, the frequency of hemorrhages and the probability of exciting one by any further exploration, and also the clinical history, it was not deemed justifiable or necessary at this time to make a more thorough exploration for the origin of the growth, or to learn of adhesions or prolongations.

The color of the mass on the upper lip was a dull pink, and of that in the mouth a darker purple; while the appearance of the latter was flattened, nodular, ulcerated and covered with mucus and pus.

The extreme debility of the patient precluded the possibility of attempting a radical operation at this time, and hence only tentative measures were adopted for the purpose of stopping the hemorrhages, and thus harboring his strength and affording an opportunity of adding thereto by means of iron and other tonics.

Electrolysis seemed to offer the only means of accomplishing this end. Happily, as the sequel shows, this was successful. Extending over a period of about a year, there were twenty-two séances. At each sitting from two to six needles were introduced into the mass to the depth of one to four inches, sometimes into the nasal portion, sometimes in the oral, and at times in both, and a current from sixteen to thirty cells of a constant current battery allowed to pass from twenty to thirty-five minutes. The tincture of the muriate of iron was given in three

drop doses three times a day and two or three grains of quinine in twenty-four hours, larger doses producing headache. After the first operation by electrolysis there was no recurrence of hemorrhage and there was a steady improvement in physical strength and diminution of the size of the tumor. During the last six months of this part of the treatment the patient came to my office for electrolysis. Each séance was without an anæsthetic.

Near the end of '75 the patient weighed about 100 pounds and the tumor had shrunk very much in all dimensions; the mass that protruded from the nostril had early disappeared and the nostril was free for more than an inch from its margin. The forefinger could be easily carried along the floor of the nostril under the growth, till its tip reached beyond the free border of what remained of the hard palate. The uvula had receded much, but still there was a large portion of the tumor visible in the mouth. As the finger was carried around the growth, the nasal septum was found so pressed to the right as to completely occlude the right nostril, flattening the turbinated bones. The turbinated bones of the left nostril were not discoverable, but there were friable adhesions on this side; while there was no separating wall between the nasal cavity and the cavity of the antrum.

On passing the finger in the pharynx behind the tumor, its attachment was found to be rather broad at the vault and to the left of the median line. The photograph, I now offer for your inspection, was taken at this time and shows the tumor in the mouth. I now proceeded to carry out the second step of my plan, viz., to remove the tumor in mass, which was done in this city, Jan. 15th, 1876, after the manner of the case previously described. In the presence of a number of medical gentlemen, the looped platinum wire was carried to its position without difficulty, though on account of the necessary rupture of some bands of adhesion between the tumor and its adjacent walls, some hemorrhage was excited; this was the only bleeding during the operation; it lasted but a few moments and ceased spontaneously. The patient was now etherized, the wire being retained in position and the cautery instruments properly adjusted. The severance of the pedicle proceeded satisfactorily until it was nearly cut through, when further progress of the wire ceased inexplicably. Fully a half hour was consumed in trying to solve the mystery; the battery fluid was changed, another handle was tried and a new wire readjusted, but all to no purpose.

The length of the wire having been known, the circumference of the pedicle before the operation, at the point of division was estimated at about three inches and a half. At this stage of the operation, the undivided portion was not greater than that of an ordinary lead pencil. The color of the tumor as seen in the patient's mouth, showed that its circulation had been entirely cut off. Considering these facts and also the constitutional feebleness of the patient, it was deemed prudent to fix the wire in its present position, and be governed by circumstances thereafter.

The effects of the ether passed off pleasantly, the principal complaint made by the patient being a severe headache, which, I may add, had been a frequent cause of suffering for many years. On the following morning the wire was removed without difficulty and without hemorrhage, and the patient proceeded to his home in Jersey City.

Disintegration, softening and shrinkage progressed rapidly and the consequent offensive discharge was only rendered bearable by means of sprays and washes of tincture of myrrh, carbolic acid and other disinfectants.

A few days later with the aid of a little traction the mass was removed through the mouth, leaving no vestige of the tumor but its stump, whose cut surface was a little larger than a silver twenty-five cent coin. On one of the occasions of the use of a gargle, the patient states that he removed from his mouth a piece of bone which he believes came from the polypus. I regret that this was thrown away without my seeing it, as it may have borne some evidence that would have explained the interruption to the operation.

The repeated and thorough cauterization of the stump was carried out as in the first case, until hardly a trace of it was indicated by any prominence of its original seat. Seven cauterizations in all were made subsequent to the removal of the tumor, the last being in May, '76.

The subject of this case, like the first, has been frequently observed by me during the period of nearly three years and a half that have elapsed since the growth was removed, without exhibiting any signs of a return. He, too, is also present for your inspection.[1]

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1. A report of a microscopic examination of a portion of the polypus disengaged at the time of the operation, for which I am also indebted to Dr. Seiler, is as follows: Bundles of white fibrous tissue running in different

Remarks. — The successful results of my treatment in these cases I am disposed to attribute chiefly to the repeated cauterization of the stump of the pedicle. Its advantages are simplicity, freedom from danger and absence of mutilation and disfigurement. I have purposely delayed the publication of these cases, that the test of time as to permanency of cure might be fairly tried, and I believe I have escaped the charge of undue haste in now inviting your attention to the consideration of this subject, and in expressing the hope that their study will encourage you to make a similar trial when opportunity offers.

The Uterus and the Larynx. By Ephraim Cutter, A. M., M. D., of Boston, Mass.

It is my desire, in making my humble contribution to the common interest, to recall to your minds the relations of the larynx to the uterus. I do so the more earnestly because I fear they have not been appreciated by our systemic writers. Incidental allusions may be found scattered through their pages, showing that the subject is not forgotten; but it has seemed to me that our authors did not have, as some religionists say, "a realizing sense" of their importance in the treatment of laryngological diseases. They point out a hysterical relation, which term is good enough, but conveys an impression of a functional disturbance, rather than one based on organic changes—one that somehow or other may come under the influence of the will, or is "dependent on the irregularity of nervous distribution in very impressible persons," and is to be relieved more by psychological influences than any other. Certainly the alternate fits of laughing and crying, with a sense of strangulation in the throat, must be included in the domain of our investigation; but it seems that

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directions, with here and there depots of small, round, granular cells as well as spindle cells.

The blood vessels appeared very numerous and large, having a distinct lining of endothelial cells which were seen to have proliferated in many of the larger vessels or sinuses. I would, therefore, take this tumor to be a cavernous fibroma in a state of irritation.

something more than the term neuroses, which are nervous diseases without any evident lesion in the structure of the parts, and without any evident material agent producing them, is needed to embrace the whole truth. It will be my aim to try to show that organic affections of the laryngological tract do occur in connection with organic uterine diseases, as prime factors; that is, dislocations, flexions, ulcerations, hypertrophies, tumors and cancerous conditions of the uterus may produce affections of the throat, which, to yield, must be treated by attempts directed to the uterus.

Now I am not prepared to sustain the ordinary meaning of hysteria, for I believe that it can usually be traced to some organic lesion of the uterus, when it occurs in a woman—I have seen hysteria in a man—and that the number of cases of hysteria dependent on a neurosis is a small moiety. This is hardly the place to discuss the subject of hysteria, but perhaps my meaning will be more intelligible when it is averred that laryngological diseases may be dependent on uterine disease without any signs of hysteria. The doctrine of reflex irritation was broached and forcibly insisted on by the late Prof. Hugh L. Hodge, of the University of Pennsylvania, in 1855. He taught me, in his lectures, the then new doctrine that disease in the uterus could cause mimotic disease of the stomach, lungs, head, throat, limbs; indeed, of almost any part of the body. It is possible that the sincere and enthusiastic Professor may have over-reached, and conveyed a distrust of what he wished to be received. Still, instances have occurred that sustain his position. Allow, if you please, the relation of a few cases:

CASE I.—As I write, I have a case of uterine disease which consists of retroversion, hypertrophy, ulceration, with nodular, possibly cancerous growths, in the posterior utero-vaginal *cul de sac*. At first her chief complaint was of an anæsthesia in both feet, so that locomotion was difficult, since she could not feel when she took steps. Replacing the uterus, and retaining it with my retroversion pessary, this difficulty disappeared. On another recurrence of the disease, there was an hyperæsthesia of the lower part of the abdomen, which proved to be of such exquisite sensitiveness as to render the wearing of her clothing an agony. A strong, firm push could be borne, but a soft touch was so distressing that at night she found herself most comfortable when nude.

On treatment of the uterine lesions, she was better, and this abdominal hyperæsthesia disappeared. Later, a renewal of her trouble brought out a curious phase of reflex irritation. Her left hand and forearm took on the same exquisite tactile sensitiveness. The thumb was strongly flexed into the palm. She could handle nothing; the limb was helpless; was extended on a splint, and received applications of the constant current. Iodoform was applied to the womb; a new pessary was fitted. After this treatment, the hand and limb were cured. At present she has suffered another renewal, and the reflex symptoms now are manifested in an inability to draw in her breath, though the normal vesicular murmur is heard over both lungs. The heart is sore, *the voice almost lost;* she can scarcely phonate above a whisper.

Now, in my own mind I have no difficulty in explaining the aphonia as due to reflex irritation, the uterine disease. The globus hystericus has not been present. When this passes off, some more novel one may take its place.

[Note.—The latest examination showed an entire absence of the nodules; voice perfect. I think much of iodoform in such cases.]

Case II.—This occurred some ten or fifteen years ago. A tall, slender, middle-aged widow came from Cape Cod for treatment of the throat. There was no aphonia, no dysphagia; no dyspnœa, and no excessive secretion. Her chief complaint was of pain and soreness of a severe character, whether she was swallowing or not. On examination, the larynx was found to be healthy; there was some ulceration on the posterior pillar of the soft palate, some enlarged solitary glands on the posterior aspect of the pharynx; the oral cavity was sensitive to the touch, and sore beyond its looks. Hence I was led to inquire as to the other systemic and local symptoms, and found the uterus sensitive and anteverted. When this was relieved by my anteversion pessary the throat trouble disappeared without any topical treatment to the diseased sites in the throat. There was no evidence of hysteria in this case, and the history seemed to me a sufficient justification for connecting the uterus with the cause of the disease.

Case III.—An unmarried daughter of a physician came lately to have her throat examined; age, about twenty-seven years. She

complained of dry cough, dryness and irritation of the throat; no dysphagia, no dysphonia. Her manner was agitated; she cried, and shed tears freely; was unwilling to be left alone with the examiner; evidently her nervous system was thoroughly disturbed. This did not arise from a fear of the examination; she was anxious for it, and came nearly one hundred miles on purpose for it. She was sensible in conversation, and intelligent. Still she made such a fuss and showed so many objective signs of undue nervous excitement during the conduct of the exploration, that the impression was forced upon me that the inflamed spot found on the right posterior pillar of the palate just behind the tonsil was not enough to explain the systemic nervous disturbance. The larynx was normal; the lungs, heart, liver, spleen and other abdominal organs were found healthy, save the vagina and uterus. There were vaginismus—a stenosis of the vagina, caused by an exquisitely sensitive hymen, with a half inch opening fringed by thickened nodular enlargements; anteversion, anteflexion, enlarged os, ulcerated cervix. She stated that she was subject to cramp in the calves of the legs.

These conditions seemed to me a sufficient explanation for the systemic excitement, and also for the throat trouble. The treatment was applied to the uterus; vaginal suppositories of iodoform and cocoa butter, ten grains to a dram, were used at night; the throat received no applications. The effect was to relieve the throat promptly and manifestly, so that she, though skeptical at first, was satisfied that the uterus did affect the throat. Subsequently the hymeneal opening was enlarged by digital dilatation; the uterus was elevated into place. The cervical ulceration was treated with the application of one-half a dram of iodoform in powder, and retained by pledgets of absorbent cotton. The forcible expansion relieved the cramp immediately, while the throat trouble was hardly perceptible.

CASE IV.—Lately Miss D——, aged thirty-seven years, applied for relief for trouble in the throat. She came from the better walks of life; symmetrical, well developed, medium-sized, mind well cultivated, intelligent, active and talkative. Her conversation was directed mainly to her subjective feelings in her throat; said it felt "horrible" all the time, as if something foreign had lodged there that could not be removed, and caused her to strangle when she attempted to swallow. There was no dyspnœa;

liquids she could get down, but could not swallow anything solid, like meats of any kind. She detailed a long account of her previous history, the main features of which were: 1st, the existence of uterine disease for more than ten years. At that time she suffered so much from the manipulations of a female physician that she preferred to let it go untreated; probably she had vaginisimus then. 2d, a terrible shock received by the sudden death of a loved sister from puerperal embolism. 3d, the mental suffering she had experienced from an unrequited affection. She had never known much sickness; was regarded as a person strong and healthy, and for many years was a housekeeper for her widowed father, performing, others said, her duties with unusual fidelity and success. The dysphagia dated with the shock received by the death named. It came on suddenly, while she was eating. Since it occurred, it had been continuous. Her manner was wild, and indicated some aberration of mind on this particular subject, for her fear of being choked was a large element of the dysphagia.

A careful laryngoscopical examination revealed nothing to explain the dysphagia; moreover, a sponge probang readily passed into the stomach. The pharynx was extremely sensitive; the chest was normal; the abdomen was normal, save in its pelvic portion; vaginismus and an anteverted and flexed hyperæsthetic uterus were disclosed on digital examination. The neurotic condition was exalted. By the use of iodoform in powder to the os, and also in vaginal suppositories, the vaginal and uterine sensibility was relieved, so that she could use the anteversion stem pessary. The throat symptoms were ameliorated so that the patient began to and actually did swallow meat in my presence; but in spite of my efforts she did not improve. For domestic reasons she was sent to Brooklyn, N. Y., to be nursed by her sister, with a view of going to an asylum. I am told that the dysphagia continues, and that she is lapsing into a melancholic state and a mild dementia.

Remarks.—The longest occurring element in this case was the uterine. It is traced to a ten years' existence. Of course it alone was not enough to account for the difficulties in such a constitution, but the combination with it of the nervous shocks named, seems to me satisfactory. To explain the resulting "œsophagismus," to follow the nomenclature of vaginismus, which was excited when semi-solid food came into contact with the upper part

of the gullet, just as we found in case I, the hyperæsthetic condition of the abdomen shifting, for no well explained reason, to the left hand on the next attack of the disease. Why might not the hyperæsthesia in this case shift to the gullet? The blood showed syphilis. It was probably hereditary, as there was no evidence elsewhere.

CASE V.—Some ten years ago an American lady of twenty-seven years of age applied for relief to her throat. Pain, irritation, dry cough were the prominent symptoms. On examination it was found inflamed, sensitive and ulcerated, chiefly on the pillars of the soft palate. In the cross examination I found that the whole nervous system was much disturbed. Fifteen years before, while walking on a fence-top, she slipped, fell and was impaled on a picket that entered her body through the vagina. Considerable hemorrhage and pain followed the withdrawal of the picket. Though she was attended by a physician, so far as I could learn, she recovered without anything being done for the vagina. Since then she had not been well, and had suffered in many ways from pains and distress in various parts of the body, but not until I broached the subject did she or her friends suspect the existence of any uterine lesion. I found no evidence of any wound in the vagina, but the uterus was retroverted and flexed, combined with vaginismus. On relieving these by therapentical and mechanical treatment, the throat yielded, and she was restored to a fair degree of health. I am sorry to say that, despite my best efforts, she suffered relapses, combined with the reflex throat troubles. The case, however, shows the connection between the laryngological tract and the uterus.

CASE VI.—Diagnosis: A middle-aged wife of a Congregational clergyman of Massachusetts lately consulted me in relation to her throat. Mother died of consumption when she was seven years old. Small-sized, symmetrical, well developed, healthy looking; was much reduced by long and distressing sickness in her family. Three children, the youngest two and one-half years old. Complained of systemic weakness; of night sweats, now passed away; of loss of appetite; of a continuous dry cough that had existed for six months without cessation, *save when she was unwell.* (Please note this last statement.) I found the larynx healthy; some ash color in the right piriform fossæ; the post

pharyngeal wall, on the right especially, was covered with adenoid hypertrophies; the posterior pillars of the palate were granular and inflamed; they were not over-sensitive to the touch. It was found that no one had suspected the existence of disease in the uterus, though she had asked her family physician why it was that her cough always ceased during the menses. The reply was that the cough could not be bad if it ceased at these times. This reply availed to quiet her. It became interesting to find if there was any disease in the chief organ of menstruation. It was a case for the gynæcologist to answer. His report was: Some vaginismus, combined with an anteflexed and anteverted uterus, which was four inches deep in its cavity, and a little ulcerated. The effect of replacing the organ, though it soon relapsed, was to make the cough less constant.

Remarks.—This case is under treatment. Its main interest here is in the fact that the menses were always attended by a relief of the cough which evidently had its origin, or rather was sufficiently explained, by the throat lesion. Still, the following out of the idea laid down here resulted in the discovery of the uterine lesions whose partial relief favorably affected the cough. I might add in conclusion, that I found the blood presenting the appearance which Dr. Salisbury has pointed out, and which I confirm as characteristic of the pre-tubercular stage of consumption. Her mother died of consumption.

Perhaps these few cases will be enough to call attention to this subject. For the sake of establishing the connection, we beg leave to recall instances showing how it is the habit of the uterus to reflect off to other organs its own troubles.

According to my own experience, uterine disease manifests its sensory phenomena, *at first, in its own locality.* In other words, recent uterine affections generally cause pain and distress and sensory disturbances in the pelvis, loins, and in its own neighborhood. If allowed to go on unchecked, and not getting well of itself, after a time more or less long, the uterine vicinage ceases to be the field of the manifestation of pain and abnormal sensations, and nature sets up her flags of distress in other parts of the body. Significant enough, if understood, but often, I fear, hung out in vain. The busy practitioner addresses treatment to the flag of distress, and with little benefit, as the treatment of symptoms is very much like the methods of a Dutch Admiral in the story, who, wishing to have the wind always in one quarter,

had a sailor set the vane in the desired direction each morning, fondly imagining that where the vane pointed, there the wind must be.

Please listen to an example of treating symptoms. Mrs. B——, a young married woman, in consumption, was confined with her first child. She was attended by her family physician, though the writer treated her for the pulmonal disease. When her child was three or four weeks old I found her in bed, suffering acutely from a severe pain over the right upper third front of the chest. Blisters and other measures had been used without relief. Auscultation and percussion over the affected site revealed a normal condition of the lung. There was no doubt of her suffering, and I believed there was a cause. It seems there was trouble below the chest, and that her physician, in conjunction with another, had discovered a pelvic abscess. At this time I could find no evidence of the abscess, but discovered an ovoid, exquisitely sensitive, inelastic, mobile body, which, when touched, caused an exacerbation of the chest pain, and I regarded it as a prolapsed ovary; uterus retroverted. On replacement, the ovoid body disappeared from reach, so did the pain in the chest. Of course if there had been a pelvic abscess, it is difficult to see how the uterus could have been so readily replaced, or that the ovary could have prolapsed at all. The patient soon ceased to be bedridden, and rode out of doors. After a ride in a horse car that got off the track the chest pain recurred. On examination it was found that the jolting had dislocated the ovary again and retroverted the uterus. Replacing both, the thoracic pain was relieved a second time.

Sometimes extra uterine sites of pain are significant of the site of uterine disease. For instance, pain just inside of the anterior superior processes of the ilia is indicative of intra uterine ulceration or hyperæsthesia. Let us consider a few other sites.

Lately Dr. Weeks, of Chelsea, reported a case of hypertrophy of the mammary gland, supposed by some to be cancerous, which was treated locally, with no benefit, for some time. It was cured by treating the diseased uterus.

TEETH.—It used to be common, years ago, to extract sound teeth from pregnant women on account of the ache. Lately I have had a patient with fibroid tumors and anteverted and flexed uterus, who also suffered much from the aching of her front

teeth. The gums were just as sensitive after they were withdrawn, and she could not wear the false teeth that were made.

Eyes.—Some years ago a married lady complained of double sight and other anomalies of vision in her left eye. Dr. Haske Derby examined it with the ophthalmoscope, and pronounced it to be the healthiest eye he ever examined. In this case the uterus was found retroverted. Relieving the version relieved the double vision.

Heart.—One of the most common concomitants of uterine disease is a reflex difficulty with the heart. Sometimes there is sharp, agonizing pain, which will make a courageous woman cry out. Still, auscultation and percussion have shown the size, rythm and pronunciation to be normal. Sometimes the rate is quickened, and sometimes not, and the more the uterine trouble the more the cardiac symptoms.

Stomach.—Often this state of things is combined with the stomach. A married lady of small stature was found to have a very sensitive and somewhat inflamed uterus. It was a chronic affair. For years she stated that she never knew what it was to digest food without pain in the stomach. When the uterus had been depleted and restored to its normal condition and position, the stomachic pain on digestion was entirely removed.

Chest.—I have known a woman suffering under a diseased uterus, frequently to have the whole left half of her chest, even exactly up to the median line, front and back, be so sensitive that the slightest touch was terrible to bear; and another one who fainted away when her physician accidentally touched her back, yet these conditions were relieved by local uterine treatment.

Head.—This is often the site of reflex uterine pain. Once I was replacing a verted uterus; the patient exclaimed, "Oh, Doctor, how you hurt me!" "Where do I hurt you?" "On the top of my head," was the reply.

But I think it is needless for me to multiply instances. I can hardly think that any will fail to recall such examples of reflex irritation. Now why should the laryngeal tract be exempt from the law of reflex irritation? We know that the larynx will reflect pain somewhat as the uterus does. Our President, Dr. Elsberg, will remember the case of Mr. Capen, one of the early

cases of cancer of the larynx made out by the aid of the laryngoscope. Mr. Capen always complained of pain in his ears when he attempted to swallow, and also at other times, saying that he did not feel pain in the larynx. Now there was nothing the matter with his ears.

So also, pharyngeal ulcerations will reflect pain. For example: Some years ago, at a dispensary at the South End, Boston, a man was relegated to the writer as incurable with a sore throat trouble. He complained mostly of a pain in the right upper third front of the chest. On careful exploration there were no signs of any chest trouble. Examining the throat, the seat of trouble was found just behind the soft palate on the right. When this site was touched, an increased pain was felt in the spot of thoracic sufferfng. When the post pharyngeal sore was cured, the thoracic pain subsided.

Concede that this principle is correct for the pharynx and the larynx, it must be allowed that the uterus is the most influential organ in the matter of producing reflex irritation, as judged from the history of medicine, as well as from anatomy. In the Royal Transactions for 1842, Dr. Robert Lee reports his discovery of several large nervous ganglia and plexuses which were before unknown to science. First, the hypogastric ganglion, placed on each side of the cervex uteri, behind the ureter. It is connected with the hypogastric and sacral plexuses, and distributes branches to the uterus, vagina, bladder and rectum. Of the branches to the uterus a large fasciculus proceeds upwards by the side of the organ towards its angle, where they communicate with the branches of the spermatic plexus, and form another large ganglion which he designates the spermatic ganglion, and which supplies the fundus uteri. Besides these, Dr. Lee describes vesical and vaginal ganglia and anterior and posterior sub-peritoneal ganglia and plexuses which communicate with the preceding and constitute an extensive nervous rete. Of course this rete has close connection with the great sympathetic nerve and ganglia, and in this way can readily be explained the reflex action of the uterus. Dr. Lee concludes: "It is chiefly by the influence of these nerves that the uterus performs the varied functions of menstruation, conception and parturition, and it is solely by these means that the whole fabric of the nervous system sympathizes with the different morbid affections of the uterus. If these nerves of the uterus could not be demonstrated, its physiology and path-

ology would be completely inexplicable."—[Wilson's Anatomy. p. 580; Lea & Blanchard, 1847.]

In conclusion, I am glad to acknowledge the receipt of a *New York Medical Journal* reprint, date not given, from Dr. Edgar Holden, of Newark, N. J., on "The Pharyngeal Neuroses Due to Uterine Disease." In this able paper the Doctor has preoccupied my ground, and if, as he says, there is no literature upon this subject, perhaps this effort may go to sustain him. The cases he relates show unmistakably the connection of uterine diseases with the diseased pharynx. Perhaps some may object to my title, but I suppose that the term "laryngological" includes the nasal and pharyngeal tracts.

What I have said is by way of recall, and to excite courteous discussion. If the positions here made are sustained, they will serve as additional inducement for the various divisions in the great army of medicine to respect the value of the different arms of the service in battling for life with disease. Perhaps it may bring some of us to avail ourselves of the valuable modes of indirect attack where our direct assaults have not availed.

Let me be understood. I do not say that all, or even most, of the cases of laryngeal disease in women are of uterine peripheral origin; but I do say that some are, and that these must be relegated to the gynæcologist before they are cured. From all this we conclude that specialties must include ideas outside of their department. So long as the great sympathetic nerve exists, with its many ganglia divisions, anastomoses and connections with the other great nerves and nerve centers, we must not forget that its influence may be exerted in the domain that belongs to our Society, and that we must not allow the zealous cultivation of our specialty to narrow our minds and prevent the generalizations that come from broad and comprehensive views. Thus going on, without derogating from the credit of all honest workers in the varied and differing fields of practice, and acknowledging our compeer's work, we shall magnify our specialty and honor our profession.

DR. HARTMAN said:—In my opinion the class of cases to which the Doctor has just referred come under the heading of the hystero-neuroses of the pharynx and larynx, which have been so ably described by Dr. Edgar Holden, in the *New York Medical Journal*, August, 1877, and in a very instructive and valuable paper by Dr. Geo. J. Engleman, read before the American Gynæ-

cological Society, and published in the Transactions for 1878. There can be no doubt of the existence of an obscure and intimate relation between a diseased uterus and a sympathetic larynx. A recent and obstinate case of aphonia in my own practice was found due to an antiflexed uterus, and upon removal of the flexure, the aphonia disappeared.

MITCHELL DISTRICT (IND.) MEDICAL SOCIETY.

COMMON SENSE IN MEDICINE. By G. J. GARDNER, M. D., of Bedford, Ind.

Medicine is not an exact science. I have heard a learned college professor claim that it had reached exactitude; but he was talking to the public, and you know, in such cases, a little amplitude is allowable. You know that you rarely find a practitioner with whom you can agree on even the majority of points; and that in cases where you meet for consultation, there is generally a concession, on one side or the other, for the sake of harmony. This is right.

In the present inexact state of therapeutical knowledge, and in the extended range of diseases where remedial interference is called for, no one man can hope to attain more than a proximate excellence as a general practitioner. And yet, as society is constituted, the best we can hope for is to do the best we can with the limited knowledge we have, by the aid of the best use of our reasoning faculties, and by such course as experience has demonstrated to be most effective.

And here there is danger that one may, either on the one hand, run into an aggressive dogmatism, or on the other hand, do what is equally bad, settle down into passive routinism. Either of these states is unworthy of our liberal art, and should, in as far as we have light, be diligently guarded against. The simple fact that we are here to-day is a tacit confession of, and subscription to, the points which I have indicated.

But while there may be so many grounds for disagreement, so many places where exact truth is unattainable at the present time, yet still there are enough cardinal truths manifest to lift us entirely above the domain of quackery and charlatanism.

In cases where there is an aberration from a standard of health, where we are called in for the exercise of our skill in healing,

there are certain facts that are attainable, in whole or in part, that should in no wise be slighted. After we have attained some experience a part of these facts are received and perhaps acted upon, almost without consciousness on our part, but others of them may be totally ignored.

As we approach the house of the sick person we get a general idea of its efficiency as a shelter, of the amount of commodiousness or comfort it is capable of furnishing; whether it is well lighted—first, as to its exterior surroundings, and second, as to its windows, whether they are sufficient in number and so arranged as to habitually admit an abundance of sunlight. No house, whatever its other excellences may be, should or can be admitted to be a thoroughly healthful abode unless the sunlight has free access at some portion of the day. So much for external possibilities of light.

The next point that possesses most saliency is that of ventilation. No person should habitually use a room that gives much less than 1,000 cubic feet of air space to each adult occupant, and whose ventilation is incapable of renewing the atmospheric contents every two hours.

You may urge the objection that I am not giving you an article on therapeutics, but have branched off on sanitary science. You have it exactly; that branch of therapeutics that is not founded on sanitary science hardly amounts to good nonsense now.

Well, as to ventilation of the sick room: all the reasons obtain that should govern the ventilation of rooms of healthy occupants, with this addition, that in nearly every case there are more or less specially vitiated emanations from the lungs and skin, which are loaded with fomites or diseased germinal matter, which are extremely deleterious when breathed by other persons or rebreathed by the patient.

Forty thousand cubic meters of carbonic acid are evolved each twenty-four hours by the average adult. This not only carries the ordinary noxious and toxic qualities of this deleterious gas, but by its baneful organic particles it is prepared to sow the seeds of contagion in the bodies that it has first rendered susceptible by an impairment and weakening of the vital forces.

Observe the effects that good ventilation and sunlight have on persons affected with scrofula, phthisis, anæmia or chlorosis, or any of the diseases where the blood is vitiated or impoverished, or in those cases of diseased enervation that require a special tonic treatment, and you will find that you increase tenfold the capacity for recuperation by a free use of these potent and beneficent agents.

On entering the sick room the details should be taken in as perfectly as possible. Next after ventilation comes perfect and thorough cleanliness. This should embrace the floors, the walls, the bed, person and aliment of the patient.

The habit of carpeting sleeping rooms is pernicious, but at present we are compelled to tolerate it. A small square of carpet to stand on while dressing in cold weather is all that sound hygiene requires. A moment's reflection will convince you that, aside from the great quantity of foreign particles that become detached and are taken into the air passages, the texture of the cloth makes it a favorable nidus for the accumulation of infection.

Next, all excrementitious matters, either fluid or solid, should be removed the instant they are voided, and in many cases they should at once be disinfected by some one of the well known substances used for that purpose. This part of therapeutics should be rigidly enforced. The skin, in all cases, should be kept as clean as possible, and the coverings of person and bed should be frequently changed, always with the precaution that the fresh clothing be well aired and free from dampness.

The question of quality and quantity of food must be governed by the character of the disease, the circumstances and habits of the patient, and the changing desires that he may manifest.

Generally, unless there are strong special grounds for objecting, a small quantity of any wholesome article of diet is allowable at his desire. There is more restorative power in some indifferent kind of aliment craved by the patient, than in the most suitable that we could select, if repugnant to him. *But in all cases*, food when brought to the sick bed and offered, whether partaken of or not, should, as soon as enough is taken, or it has been refused, be at once removed from the room, that it should not produce distaste by dwelling too long in sight, or be contaminated by the emanations from the body of the patient.

Tiptoeings and whisperings in the sick room ought to be prohibited by law, and punished as a misdemeanor. There is nothing more grating to the nerves of a sensitive patient than such things, and a morbid imagination is apt to take hold of and magnify the most innocent and harmless, perhaps irrelevant, whisper into the most direful prognostication. You can rely on it, that being sick not does make one a fool.

Then there is a class of busybodies that are always suggesting something, or asking the physician if this or that would not be good, or tormenting the patient with questions, and so taking away that ease and serenity that are so essential to a quick recovery. They, too, should be suppressed by law, *or physic*. Cheerfulness, coolness and a not too pronounced sympathy, are excellent adjuncts to the sick room.

Generally some kind of medication is necessary, not because of its absolute curative tendencies *per se*, but frequently for the moral effect it exerts on the imagination of the patient. I am well convinced that pounds of medicine are taken where ounces would be too much for the welfare of the race; but we will have to approach this part of the subject by easy gradations, and

watch how nicely the patients, in the main, recover who have the minimum of drugging lavished on them. Care must be taken not to retard recovery in cases where we know the tendency of the disease is toward self-elimination. Such are nearly always self-limited, and given a fair chance and a little assistance in the right direction, they prove that mother nature can be real nice to her children.

These thoughts suggest themselves by having during the past winter treated several cases of pneumonia, and well developed and typical cases too, by the purely expectant mode. They all got well. I have sometimes doubted, and, to be more explicit, I doubt now, if, aside from making the patient comfortable as far as possible by the use of external applications, and the internal use of anodynes, we add anything to the chances, or that we accelerate the recovery one whit by all our active interference. I will go a step further, and say that I believe that the recovery is retarded nearly always by active interference. Of course in malarial complications, quinine is required as an antidote, not to the pneumonia, but to the poison that is cotemporaneous with it.

Why should you medicate strongly in pneumonia? Neither you nor any man alive knows, at this time, what the real pathology of the disease is. We know its physical signs, and its *post mortem* vestiges; but we might as readily decipher, by seeing the wheels of the locomotive revolve, the name of the engineer, as to tell by these, the real pathology of it. The inflammation of the lining is not the start of the disease; it is behind that. To be sure, that is what is most manifest to the senses; but there must be something that has potency, that can change the chloroides from the urine, or rather that can rob the urine of its normal quantity of chloroides that it was wont to receive from the blood, and cause it to be rejected through the sputa. You might as well say that the track of a man you saw printed in the ground was the man himself as to say the lung manifestation was the true disease. Of course the name is at present the most appropriate, because we have no other that appeals to the understanding so well; but certainly crepitus, dullness on percussion, hepatization, extravasation through the capillaries, sputa, generally at first of brick dust or prune juice, and afterwards of mucopurulent matter, metastasis of the chloroides, neither one nor all of them are more than an unmistakable manifestation of some baleful power behind which is the real nosological entity.

I have made my article so long that I have left myself no room to say aught of the remedial agents in treatment of the classes of diseases mentioned, but I omit them with the less regret as I believe that with the aid of sunlight, pure air, cleanliness, an equable and agreeable temperature, and suitable aliment, it does not so much matter who the doctor is, so he avoids doing too much.

MADISON COUNTY (ILL.) MEDICAL SOCIETY.

UNREQUITED TOIL. By H. M. SABIN, M. D., of Edwardsville, Ill. Read before the Madison County Medical Society at Troy, Ill., July 29th, 1879.

Science, like religion, has always had her votaries; what the world calls "blind devotees at an unworthy shrine."

The priest in his cloister, the hermit in his cell, were the ancient types of religious devotion, enthusiasm or fanaticism, while the astronomer, alchemist and philosopher were the representatives of the devotee of science.

These two elements in our nature, the religions and the desire for knowledge (this was the crime by which the angels fell), have furnished the motive power which is to be the measure of human progress in the world. The seclusion, reticence or retirement of the individual are but necessary concomitants of a life of exclusive devotion to any great and worthy object.

It has been truthfully said that "no man can become truly great until he has an object of desire for the attainment of which he would sacrifice his life," and that "the measure of his greatness will depend upon the worthiness of that object and the degree of his devotion to it." By this standard science, in many of its departments, has had many great men. Many have died in its pursuit, stimulated by no other recompense or reward than temporary applause, perhaps, and an approving conscience.

If this spirit of martyrdom shall wane, on what pabulum shall man feed to renew this his (then) ancient type of manhood? The time was when scientific pursuits were maintained by the State—i. e., the public were required to contribute support to that which was for the public weal.

In some departments of science this is true to-day in this country, but not in medicine, except recently in the art or practice of medicine in a few States, affording it protection of a limited kind, and in the employment and encouragemont of sanitary commissions as a necessity.

Shall monied capital say to science and its pursuit, "We recognize only virtue in the last link of a chain which is productive of immediate pecuniary returns?" Shall science and art be dissevered? Can they be, even at the behest of men, arrayed against its practical utility? Yet men find encouragement and support in the art or practice of saving human life who do not know the alphabet of that or any other science.

To all of these a winning address and pleasing manners and

sympathy are a sufficient passport, while they know that these qualities are the whole stock in trade of the libertine and the knavish impostor. Others are won by eccentricities, believing them to be indications of genius. This thing is, in a measure, true of all science.

We have, in our day, truculent speculators in crime, criminal jobbers, haters of virtue, lovers of vice, villainous time-servers, sycophantic parasites of fraud and villainy, scurrilous traducers of truth and virtue. Such are the blind and malevolent who compose the army that would scandalize or contravene our noble calling,

Still further, how is it with a portion of the ministry itself, members of that other branch of the parent stock of "benevolence and good will to men?" Have they forgotten their brotherhood? Are they ignorant? If so, would that be any justification, according to the doctrine they preach? Have they not watched the advance of scientific medicine? or could they not have done so? One would think (to be as charitable as possible) that they had become *fatalists*.

I only speak of those modern preachers of Christ, who lend their names and influence, by support, recommendations and certificates, to the most unprincipled quacks and their panacea advertisements. We know that often their names and influence carry the libertine who has graduated only at a whisky saloon into a money-making practice.

To recapitulate—The intimate relation of all the natural sciences to that of medicine, the necessity for a comprehensive knowledge of them all, even to the minutiæ, the natural qualification and labor necessary for such varied acquisitions, and the sound common sense required for the successful application of the combined results of this unity of science to practice, and above all the dower, as the hand maid of religion, which medical science received at her baptism, "to heal the sick and all manner of diseases," and to accept the boon of unrequited toil, must not be forgotten in estimating our rank among the liberal professions, or the claims of her worthy student practitioners as chivalrous philanthropists.

For want of allotted time I must omit to speak (as I had intended) of some of the errors (concealed from the public by their very nature and known only to medical men) of those who assume our name and duties without the right or the requisite knowledge; in chemistry combining incompatibles, or ordering fulminating or poisonous compounds, of which the druggist alone takes note; fatal omissions in the hygienic conditions of the sick room, to say nothing of the practice inself; and the necessity of keeping steadily in view the natural history of the disease under treatment, of which they are supposed to know little or nothing, etc., but simply as contrast between the unqualified practitioner and him who harmonizes the minutiæ of detail with the compre-

hensive exactions of science and to show how far from possible it must be for the ignoramus and quack pretender to have any just claim upon the public, even to toleration.

But it would be more profitable for us to determine how we can best widen the interval between us and them, and, protecting our noble science, to win that public recognition and support which is her due. Can our science, by this means alone, purge itself from its enemies, without the recognition and support of the State? If the State protects us from without we must purify ourselves from within of all unworthy claimants.

Are proscriptions necessary to this end, and would they accomplish the result?

I fear the mercenary spirit and the potency of necessity have entered even the sacred precints of science, and often converted her gold of philanthropy to dross, or at least tarnished her escutcheon.

Let us use the means the State has furnished us vigorously, hoping that American ideas of freedom and independence will not be so interpreted *license* that the State will not, as we may by merit sustain our claim, refuse us support, until (as in the States of the old world to-day,) our States shall build up a bulwark about our science which shall protect the welfare of its citizens against all unscrupulous pretenders.

TRI-STATE MEDICAL SOCIETY.

SYNOPSIS OF THE FIFTH ANNUAL MEETING AT EVANSVILLE, IND.

The fifth annual Convention of the popular and rapidly growing Tri-State Medical Society (Indiana, Illinois and Kentucky), was held at Evansville, Ind., commencing on Tuesday, November 4th, and lasted four days.

The numerous attendance of members indicated a deep interest in the matters under discussion. A large number of papers were read and intelligently discussed. A spirit of much cordiality was displayed to members by the good people of Evansville, and special rates of travel were provided by railroad and steamboat companies. The papers read before the Convention will from time to time appear in the JOURNAL commencing with the next issue. For the present we submit a synopsis of the proceedings.

Dr. A. M. Owen, Chairman of the Committee of Arrangements, introduced to the Convention Dr. J. A. Ireland, of Louisville, Ky., the President of the Tri-State Medical Society.

President Ireland:—I feel that it is a privilege and honor to be on this stand to day to preside over the deliberations of such a body as this; and before we commence business I ask the privilege of introducing the Rev. Dr. Martin, who will invoke the Divine blessing on the meeting.

Prayer was here offered by Rev. C. B. H. Martin.

Judge W. F. Parrett being introduced then delivered an address of welcome. In behalf of himself and in the name of the people of the city of Evansville, he saluted the gentlemen present and bade them a hearty welcome. He indulged in some reminiscences of early pioneer days, and alluded to the difficulties under which physicians labored while the State of Indiana was comparatively a wilderness. He paid a high compliment to the magnanimous spirit displayed by the medical profession in time of public calamnity, and concluded by hoping that the meetings would be profitable and pleasant to all.

Dr. J. M. Holloway, of Louisville, Ky., made an eloquent response to the address of Judge Parrett.

Dr. J. R. Weist, of Richmond, Ind., followed with an address of welcome to members from the States of Kentucky and Illinois. As President of the State Medical Society he extended to the members a cordial welcome, recognizing that they had met in the city by the beautiful river for no selfish purpose, but to cousult as to how they might remove pain, terror and disease,

and point the people to the way of happiness and life. He alluded to the necessity of a high standard of learning and scholarship and hoped that when they returned to the fields where blue grass grew and to the broad prairies, they would carry with them pleasant memories of that meeting.

President Ireland extended a cordial welcome to friends who had come from Missouri, Ohio and other States, and announced that the meeting was ready for business.

Dr. Owen read letters from eminent physicians, who regretted their inability to be present at the Convention.

Dr. G. W. Burton, Secretary of the Convention, read a brief report, in which allusion was made to the fact that the papers read before that body last year had been in request by publishers in every State of the Union, and in parts of Europe.

Dr. F. W. Beard, Treasurer of the Convention, made a report, showing a balance of $56.70 on hand.

AFTERNOON SESSION.

Dr. Thos. F. Rumbold, of St. Louis, read a very able paper on the treatment of pharyngeal and aural tumors by hypodermic injections of carbolic acid.

Dr. S. E. Munford, of Princeton, Ind., read a paper on pulmonary consumption. He referred to the announcement made by Prof. Flinn, that the disease itself tended to recovery, and he expressed the belief that much might be done by proper hygienic treatment in staying the progress of the disease and in working a permanent cure. The theory that relief was spontaneous was as pernicious in its influence as it was erroneous in teaching. The speaker particularly insisted on the necessity of a careful diagnosis in case of lung trouble.

Dr. J. F. Hibberd, of Richmond, Ind., read a paper on the same subject.

The papers were discussed by Drs. Stevens, Beard, Holloway and Center.

Dr. J. W. Compton read a paper on epidemic scarlatina. The Doctor related his experience in a recent epidemic of scarlatina, and expressed a decided belief in the contagiousness of the disease.

Dr. C. V. Jones combatted the assertion of the last speaker in regard to the contagiousness of scarlatina.

Dr. H. B. Buck also discussed the paper. He had seen a case of scarlatina that might have been taken for a typical case of diphtheria. He claimed that scarlatina had been transferred from one schoolhouse to another.

PUBLIC MEETING.

In the evening a meeting was held at the same hotel, to which the public generally were invited. There was a large attendance, including many ladies.

Dr. Ireland, President of the Society, delivered an address, entitled "Gleanings from the History of Medicine." He quoted passages from Scripture in proof of the antiquity of the profession of medicine, and cited some of the beneficent discoveries of modern times, such as inoculation for the prevention of small-pox.

Dr. E. Williams, of Cincinnati, then delivered an interesting address on "The Drink Muddle." In the course of his remarks he stated that the best authorities were not agreed on all points in regard to the effects of alcohol when taken in small doses. The glow of pleasure which it produced was the popular argument in its favor. It was in no proper sense a food, as had been claimed; it gave no additional vital force. The Doctor gave some hints on the subject of reformation in the drinking customs of the country, favoring the opening of picture galleries and other places for the innocent recreation of the people.

SECOND DAY.

The Convention met pursuant to adjournment.

Dr. Thad. M. Stevens, of Indianapolis, read a paper on "State Medicine, Quarantine and Isolation." The writer made a number of suggestions as to how State Governments might aid medicine through legislation.

The paper was discussed by Drs. Hibberd and Freeland.

Dr. Gardner, of Indiana, read a paper on the subject of Milk Sickness, giving the particulars of some cases that had come under his notice, and stating the result of microscopic examination in relation thereto.

Remarks were made by Drs. Ireland, Jones, Rumbold, Hibberd and Bray.

Dr. Holloway read a paper on "The Symptoms of Peri-Nephritic Abscesses," in which he cited the particulars of several cases which had come under his notice.

Dr. J. R. Weist, of Richmond, Ind., read a brief paper on "Two Cases of Fracture of the Spine." In the first case, the injury was of a mixed character, consisting of fracture and dislocation. The second case was that of a young man who had been crushed by the fall of an elevator, and the injuries were of a similar character. The Doctor had made use of a plastic jacket, with satisfactory results.

Dr. Walker read a paper in relation to a case of neuralgia, the disease having a syphilitic origin. The subject of the treatment was a steamboatman, and he was assigned a seat on the platform. From the Doctor's remarks it appeared that the patient had been examined by a number of physicians, and they declared that

syphilis had nothing to do with the neuralgia, which was the source of excruciating pain. Dr. Walker, however, resorted to anti-syphilitic treatment, and his efforts were crowned with complete success.

Dr. Holloway expressed his gratification at hearing the admirable paper just read.

AFTERNOON.

Dr. Higgins read an admirable paper in favor of a thorough vaccination against varioloid.

Dr. J. W. Singleton, of Paducah, Ky., read a paper on the progress made in the department of midwifery during the past year. The speaker's remarks were occasionally of a highly rhetorical character, and were both instructive and entertaining. Reference was made to the subject of the obstetrical forceps, and allusion was made to the recent discussions on that topic at the meetings of the St. Louis Medical Society.

The paper was discussed by Dr. Beard, Dr. F. Smith and Dr. Moore, of Illinois.

Dr. John Green, of St. Louis, read a paper entitled "Strabismus," giving an account of certain imperfections of vision, and their mode of treatment.

The members of the Convention were entertained at a grand banquet at night.

Among the members present were the following physicians: B. Newland, Bedford, Ind.; S. E. Munford, Princeton, Ind.; J. M. Holloway, Louisville, Ky.; G. B. Walker, Evansville, Ind.; T. M. Stevens, Indianapolis, Ind.; Jos. Gardner, Bedford, Ind.; J. A. Randolph, Vincennes. Ind.; J. F. Hibberd, Richmond, Ind.; T. B. Moore, Belleville, Ill.; Edw. Borck, John Green, T. F. Rumbold, St. Louis, Mo.; W. S. Barker, Booneville, Ind.; L. B. Bitz, Blairsville, Ind.; J. A. Scudder, Washington, Ind.; H. J. Walters, Maconville, Ind.; W. G. Kidd, Princeten, Ind.; A. C. Woodruff, Owensville, Ind.; W. A. Hunt, Lysonville, Ind.; A. DeFoe, Illinois; A. W. Spain, Poseyville, Ind.; A. C. Beyer, Vincennes, Ind.; S. H. Charlton, Seymour, Ind.; V. C. Benson, McLanesboro, Ill.; W. S. Ross, Chas. E. Living, Evansville, Ind.; H. Dunning, Pana, Ill.; N. S. Gaddy, Indiana; W. B. Scales, Booneville, Ind.; N. B. Jones, Indiana; A. R. Byers, Petersburg, Ind.; W. W. Daily, Booneville, Ind.; H. B. Buck, Springfield, Ill.; F. W. Beard, Vincennes, Ind.; J. W. F. Gerrish, Seymour, Ind.; B. J. Day, W. G. Rastohn, Ed. Walker, Evansville, Ind.; C. V. Jones, Covington, Ind.; J. L. Dow, Evansville, Ind.; J. W. T. Ginis, Indiana; W. Chatham, Louisville, Ky.; Jno. Melhausen, Evansville, Ind.; S. H. Pearce, Mount Vernon, Ind.; Geo. F. Center, Evansville, Ind.; J. A. Ireland, Louisville, Ky.; B. R. Helm, Carlisle, Ind.; Ferdinand Smith, Franklin,

Saccharated Chloro-Pepsine

The Best Remedy for Nausea and Vomiting in all forms,

ESPECIALLY OF PREGNANCY, INDIGESTION & DYSPEPSIA, ALL FORMS OF GASTRIC DERANGEMENT, ATONIC DIARRHŒA, INDIGESTION—DIARRHŒA OF CHILDREN, Etc., Etc.

Vomiting in General is a reflex act due to an irritation either within the stomach—whether the irritant be introduced as such, or the irritation proceeds from over-distension of the organ or fermentation, decomposition of food—or without the stomach, the sympathetic variety.

Vomiting of Pregnancy is an example of the latter part.

A supply of *pure* pepsine, or any or all the gastro intestinal digestive principles, fails to remedy the trouble. Why? Simply because this *functional derangement* of the GASTRIC SYMPATHETIC SET OF NERVES *requires that the remedial agent shall be especially addressed to this portion of the nervous system.*

Realizing this fact, I have prepared a compound **SACCHARATED CHLORO-PEPSINE,** in strict harmony with the pathological indications to be met, as may be attested by a perusal of the formula given below.

The Indigestions.—Indigestion, when due to deficiencies of gastric secretion, atony, or hyperæsthesia, always demands an artificial aid to digestion, in addition to regulation of diet. Pure saccharated pepsine has been used until lately; now, however, it is further reduced in strength by the partial substitution of pancreatine, the intended action of which is prevented, *since pancreatine itself,* as the physiology of digestion plainly teaches, *is decomposed by gastric digestion.* My compound not only supplies the necessary amount of pepsine, but also the *Cerium,* which, acting as a sedative tonic, overcomes the hyperæthesia of the gastric nervous supply, and hydro-chloric acid (the normal acid of the gastric juice) is generated within the stomach by the liberation of chlorine from the lime (oxychloride).

Further, the *Saccharated Chloro-Pepsine* has a very powerful and instantaneous influence in stimulating the secretion of saliva, which flows in abundance the moment the compound is placed upon the tongue. The importance of this in relation to the digestion (partial) of the starchy elements in cases of weak digestion of this class of aliment should not be overlooked.

I believe my preparation is *greatly superior* to all other compounds in the market, and to simple saccharated pepsine. Only a short time before the profession, IT HAS GAINED GREAT POPULARITY.

Testimonials received from very eminent members of the Profession attest its superiority.

FORMULA.

	gmm.
Pepsinæ Porci	**140.005,**
Cerii et Calcii Oxychloroxalat	**77.758**
Sacch. Lactis	**ad 373.241**
m **Sig., for Adults**	**10 to 15 grains a dose.**
for Children	**1 to 10 grains a dose, according to age.**

It is intended to restrict the sale of this preparation to physicians' prescriptions and orders, so that I shall rely on the profession to test its efficacy and and give it support.

PUT UP IN ONE OUNCE BOTTLES.....PRICE $1.00.

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Pills:—Physicians practising in the Southern and Western States, are usually careful to designate Warner & Co.'s Soluble Sugar-Coated Pills when writing prescriptions, as they have derived the most beneficial and uniform results from the use of these preparations. It would be well for physicians everywhere, to exercise this same caution when prescribing Pills of Quinia and Phosphorus, as well as all other kinds, to avoid inferior brands at lower prices.

Sugar-Coated Pills skilfully prepared of pure material, possess advantages over those coated with other material. Sugar is the most soluble, and, when necessary is applied to pills so soft as not to retain their form uncoated. They are beautiful in appearance, more acceptable to the patient, more readily swallowed than pills with sticky coating. Doctors who had favored other pills on account of their much vaunted merit for solubility, write us that their delicate patients revolt at their color and appearance. Physicians throughout the country have it in their power to disprove their claim for greater solubility, as samples of "soluble" gelatine-coated pills in small paper boxes have been extensively distributed, which after being kept for a time become very hard and brittle, the enclosed mass, as well as the coating, losing its moisture. This proves that gelatine is not nonpervious and is certainly not the proper material with which to protect medicinal substances, especially Phosphorus in pilular form. Warner & Co.'s should be used and invariably specified when ordering.—W. & Co.

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SOLUBLE AND RELIABLE

SUGAR-COATED PILLS

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MEDICAL SUPPLIES FOR

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Comprising such an assortment of Recipes as may be desired.

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Mo.; A. M. Owen, Evansville, Ind.; G. G. Barton, Washington, Ind.; C. P. Bacon, Evansville, Ind.; J. R. Weist, Richmond, Ind.; W. W. Blair, Princeton, Ind.; J. O. Stilson, Evansville, Ind.; A. T. Steele, Z. Ball, Wareland, Ind.; Chas. Knapp, Indiana; W. Z. Cole, Blairsville, Ind.; S. C. Henderson, St. Philips, Ind.; W. R. Davidson, Oscar Kress, Evansville, Ind.; Ed. Murphy, W. M. Hatton, New Harmony, Ind.; J. F. Freeland, Indiana; T. H. Crowden, Sullivan, Ind; T. J. Ford, Russellville; J. Hall, Owensboro, Ky.; C. D. Pearson, Indianapolis, Ind.; B. W. Stone, Kentucky; Ed. V. Spencer, Mount Vernon, Ind.; J. W. Compton, Evansville, Ind.; R. M. Higgins, Manchester, Mo.; C. J. Keegan, Canal, Ill.; E. W. Keegan, Crawfordville, Ind.; W. C. Ransom, Hartford, Ind.; J. J. Thompson, Sullivan, Ind.; A. Dixon, Henderson, Ky.; W. P. Hornbrook, Union, Ind.; A. C. Woodruff, Owensville, Ind.; G. W. Burton, Mitchell, Ind.; E. H. Gregory, St. Louis, Mo.

EXHIBITS AT THE CONVENTION.

A part of the hall was appropriated to the display of surgical instruments and medical preparations.

Mr. Eli Lilly, of Indianapolis, exhibited a superb collection of pharmaceutical preparations, prominent among which were fluid extracts, gelatine-coated pills, sugar-coated pills, and elixirs. The laboratory of Mr. Lilly is considered one of the largest and finest in the West, and its productions are excelled by few, if any.

Alex. Heburn & Co., of St. Louis, exhibited a selected assortment of surgical and dental instruments in their rooms in the St. George Hotel These rooms were visited by the members, many of whom were well pleased with the display.

Messrs. Aloe & Hernstein, of St. Louis, displayed a fine assortment of surgical instruments of their own manufacture. Nearly every variety of instrument in demand by surgeons could be found here. Electric batteries of a fine description were included in the display.

Messrs. Buntin and Armstrong, manufacturers and dealers in surgical instruments, Terre Haute, Ind., also made a creditable display.

Messrs. Chas. T. White & Co., manufacturing chemists, New York, exhibited specimens of quinquinia, consisting of the alkaloids of cinchona bark, in the form of a light brown precipitate. This preparation is intended to meet the general demand for an efficient anti-periodic and tonic at a moderate price.

Messrs. Parke, Davis & Co., manufacturing chemists, Detroit, Mich., purposed having a display of their goods at the Convention hall, but owing to some mistake or accident on the railroad the articles did not arrive in time to be put on exhibition. The

goods of this house are highly esteemed by the medical profession, and are sold in every State of the Union. The house has been established about fifteen years, and holds a prominent position in the West.

As the morning session of the fourth day was drawing to a close, it was suggested by the Secretary to make the adjournment final. A great number of the members had attended the meeting from the beginning and were becoming anxious to return to their homes. Although there were papers more than enough to occupy the afternoon session, the suggestion to adjourn met with hearty approval. The President elect, Dr. H. B. Buck, of Springfield, Ill., was escorted to the platform. After some appropriate and very feeling remarks were made by the retiring President, Dr. J. A. Ireland, Dr. Buck addressed the meeting. He accepted the duties and responsibilities and honors of the position, not without trepidation, but, relying upon the sympathy and co-operation of the members, he hoped to be instrumental in perpetuating that beautiful progress which had marked this Society from its beginning.

Dr. G. W. Burton moved that a vote of thanks be tendered Dr. J. A. Ireland for the efficient, successful and highly satisfactory manner in which he had discharged the duties of President. This was duly seconded and carried. A similar vote of thanks was also tendered Dr. Burton for his untiring zeal in the interests of the Society and in his duties as Secretary. Dr. Mussey, of Cincinnati, moved that a vote of thanks be given to Dr. A. M. Owen for the excellent manner in which he had discharged his duties as Chairman of the Committee of Arrangements. This motion was seconded by Dr. H. C. Fairbrother, who suggested that the motion be made to extend to the amiable wife of Dr. Owen, who had so efficiently and pleasantly participated with the Doctor in the work of making the visitors to this delightful city sorry they had to go away at all.

A vote of thanks was also extended to the physicians of Evansville for their hospitality, but especially to Dr. Bacon and his estimable lady, who had contributed so much to the enjoyment of the members. A similar vote was given to the press of Evansville for their correct and complete reports of the proceedings. At this point Dr. Gerrish, of Seymour, Ind., stepped to the front of the platform and remarked that while our gratitude and thanks were flowing in so many and just directions, there was yet another object which should not be overlooked. The ST. LOUIS MEDICAL AND SURGICAL JOURNAL had done more for this Society than could ever be estimated or ever repaid by a vote of thanks. The editor of that journal, Dr. Rumbold, had for four years been an active member of this Society and a zealous worker in all its

meetings. For the past year he has published our proceedings gratuitously and agrees to continue to do so. Thus our papers and discussions are not confined to our own members, but read in every State in the Union. He moved that a vote of thanks be extended to Dr. Rumbold, which was heartily and unanimously carried. Dr. Gerrish remarked further, that in consideration of what this journal was doing for our Society, every member should be a subscriber to it, and he would assure every one that might be a stranger to the JOURNAL that he would be subscribing for one of the best and cheapest medical journals in the United States.

The Society then adjourned to meet on the second Tuesday of October next, at Louisville, Ky. G. W. BURTON, Sec'y.

Clinical Reports from Private Practice.

FOREIGN SUBSTANCE IN THE NOSE. By FLAVEL B. TIFFANY, M. D., of Kansas City, Mo.

Mrs. R. consulted me Sept. 20, 1879, respecting her little son, Dana, aged six years, who, she said, had been suffering from catarrh of the nose for upwards of three years. She thought that the bridge of the nose must be nearly undermined, as the disease was of so long standing and the discharge so very profuse and offensive; *so offensive* was it that unless she syringed the nostrils daily with a carbolized solution which her family physician ordered, the effluvia was very repulsive to any one approaching the child. Upon dilating and illuminating the nostrils, I found lodged in the right nasal fossa, between the anterior border of the inferior turbinated bone and vomer, a dark object, which had the appearance of a small marble, and by further examination with a probe I found the object movable and free from the surrounding parts. I remarked to Mrs. R. that her son had a foreign body in the nose. She expressed great surprise and thought it not possible, as the object I saw had been there over three years, and besides, her family physician had told her that it was a case of oscares, and as soon as the child should be old enough, an operation would be necessary, viz., the laying open of the nose and removing the dead bones. I told her that all the oscares, if any, had been caused by the foreign body and after that was removed the catarrh would probably disappear. I now proceeded to remove the body, but the little child, becoming frightened, resisted so that I thought best to desist for the time being. After a few days the father brought the boy back and under an anæsthetic I removed the so called oscares, which proved to be a good sized shoe button, which the child probably put into his nose upwards of three years before. After cleansing the passages by means of the posterior nasal syringe, I found that the button by its pressure had caused suppuration and absorption of the anterior portion of the vomer and its immediately connected tissues, producing an opening as large as a crow's quill.

After two subsequent treatments by washing the parts with a solution of plumbi-subacetates the effluvia entirely disappeared, and in one week's time the discharge was quite checked.

My object in reporting this case is not so much on account of its gravity as it is to suggest the importance of careful and thorough examination, and caution in giving a diagnosis such as may be sustained, not only for the welfare and comfort of the patient, but in justice to ourselves as scientific medical researchers.

Book Reviews.

Lectures on Clinical Medicine. Delivered in the Royal and Western Infirmaries of Glasgow, by McCall Anderson, M. D., Professor of Clinical Medicine in the University of Glasgow. With illustrations; pp. 268. [London: Macmillan & Co. 1877.]

The introductory lecture is devoted to the importance and method of conveying clinical instruction, illustrations of recent progress in the field of practical medicine, etc. In the first opening paragraphs he shows the great importance of clinical teaching and makes some wise suggestions as to the mode (said mode has been followed for a long time by the leading colleges of St. Louis and we think of the United States), as our institutions do not underrate the great importance of clinical teaching. In speaking of the more recent advances and discoveries in the field of practical medicine, he says of the laryngoscope: "Previous to its discovery hardly anything was known of laryngeal diseases from a clinical point of view; our knowledge was of the vaguest and most unsatisfactory kind. Now, by means of it, we can diagnose them with clearness and precision, and can distinguish laryngeal affections from those presenting pseudo-laryngeal symptoms." He thus speaks of the sphygmograph: "The field of its utility appears to be exceedingly limited, and I know of no disease which can with certainty be diagnosed by means of it which could not be ascertained by the ordinary methods of examination." He claims that it is much more likely to be appreciated by the physiologist than the physician. Medically speaking, it is little more than an interesting toy, not likely to come into general use in practical medicine. This we believe to be true of the instrument as at present constructed; improvements will sooner or later be made on it, so as to make it of practical value. It is far otherwise, our author says, of the clinical thermometer. The investigations of Wunderlich and others have shown that by careful and repeated observations of the temperature of the body, valuable information as to the nature of disease may be obtained, and even in some instances by its means alone, a diagnosis may actually be arrived at. Our author thinks that it will come to be valuable chiefly for one or two reasons: Either to ascertain the presence or absence of pyrexia in doubtful cases, or when fever is undoubtedly present, to guage its intensity. We cannot agree with our author when he says: "The introduction of the clinical thermometer as an infallible guide to the intensity of the febrile state, has led on the part of a few to

the systematic adoption of a method of reducing the temperature in cases of hyper-pyrexia, and one which is far more effectual than the administration of drugs." This consists in the sucking of ice, the application of iced cloths to the surface of the body, the cold douche and the cold bath. The application of cold water in such conditions as cited above, has been made long before the clinical thermometer had an existence. Iced drinks, ice water, iced lemonade, we have freely used long before we ever saw a clinical thermometer.

Our author thus enumerates the advantages of the aspirator: 1st, the simplicity of the operation; 2d, its safety, which is due to the fineness of the hollow needle employed, and the impossibility of air entering the cavity containing the fluid, no matter where situated or what its nature may be; and, 3d, the uniformity which it affords in the treatment of pathological fluids by operations.

The following are the advantages of the hypodermic syringe: 1st, the remedy is quickly absorbed and its therapeutical action occurs with great rapidity; 2d, its effects are much more intense than when administered by the mouth, and hence smaller quantities are required, which is sometimes a consideration; 3d, in certain cases it is the readiest way of bringing the patient under the influence of a drug; 4th, its action is much more certain than when introduced into the stomach, where it is liable to decomposition; 5th, in the case of some drugs unpleasant symptoms, such as vomiting, may sometimes be avoided.

The remedies used by him are morphia for the relief of pain and cough, atropia for the arrrest of perspiration, strychnia for paralysis consequent upon diphtheria, quinine for the cure of ague and rheumatic fever, corrosive sublimate with the view of counteracting the effects of a syphilitic taint in the blood, ergotine for the arrest of hemorrhage.

In his remarks upon electricity as a means of combating disease, he says, while a great majority of the profession entertain serious doubts as to the reality of the remarkable successes which are now and then recorded by medical galvanists. "Now why is this." The cause is not far to seek. He says, "it is due to the ignorance of the great majority of those who use it, as to the form of electricity which should be used in individual cases, as well as to its intensity and quantity and as to the mode and duration of its application." He further discusses the subject in lectures VIII and IX, when treating of aneurism of the arch of the aorta, in which he relates some cases successfully treated by the galvano puncture, and very frankly admits some failures. We like to see our distinguished authors and teachers admit their failures, "for often as much instruction is to be obtained from our failures as from our successes," so says the author himself. Further on, in speaking of this plan of treatment in aneurism of the arch of the aorta, "if carried out upon correct principles and

with due care, it is comparatively harmless and safe, but while it is far from uniformly successful, it has been the means of prolonging life to an extent which could hardly have been expected and which is gratifying indeed." This plan we think has not as yet become popular with the profession, and has met with some adverse criticism.

Lecture II is devoted to cases illustrative of pain as a symptom of disease. These cases are all interesting and instructive, as showing the necessity of ascertaining if possible "the nature of the morbid state of which it is the expression, before devising measures for its removal. We have neither space or time to review in detail the cases reported in the several lectures, for these lectures are reports, to a great extent, of cases and their treatment, all of which will amply repay the perusal.

Lecture XII is devoted to acute phthisis or galloping consumption and its curability, by which I mean, not ordinary cases of phthisis, associated with fever, but those rare forms in which there is high and continuous fever, generally of the typhoid type, so that the disease has some superficial resemblance to typhus or to a severe attack of enteric fever, which tends to run its course in a few weeks and to terminate fatally unless grappled with energetically, and before the lungs are irredeemably damaged. He then gives us the views of Walsh, J. Hughes Bennet, Sir Thomas Watson and Dr. Williams as to the diagnosis and the prognosis, which, from quotations made from these authors, is always unfavorable, Trousseau using the following words: "In galloping consumption the prognosis is death; death sooner or later is invariably the termination. Hitherto art has unfortunately proved unable to contend against this redoutable malady; it is still more distressing to know that we have not the power even to alleviate the condition of sufferers by whom we may be consulted." Our author then proceeds to give cases of what he is pleased to call galloping consumption which he has cured. We have space for but two of these cases.

"Case II.—Mary F., aged sixteen, admitted Nov. 16th, 1876. Complained principally of weakness of three weeks duration. Family history not good; had lost father and brothers; all died of consumption. She had enjoyed good health until three weeks before admission, at which time she began to shiver and feel stiff in the back of her neck, and pain in her left shoulder, was faint, had a slight, occasional, tickling cough, and perspired freely at night. At the end of a week she was said to have improved somewhat and to be able to go about, but soon increasing weakness, which was accompanied by loss of appetite, sleeplessness and profuse nocturnal perspirations, obliged her to take her bed. On admission her tongue was dry and coated in the center with a hard, white, thick fur, stopping short at the tip, which, with the edges, were red; her thirst great; great repugnance to food; menstruation regular; her skin dry and pungent; temperature

103° to 104°, the following morning 103° to 108°, in the evening 105°; pulse 120, of fair strength; respiration 22; the chest measured 30 inches, 30½ on forced inspiration; musical râles were heard all over both sides, both before and behind, and just as abundant at the apices as at the bases, while at the right apex there was some dullness and increased resistance on percussion; urine about 30 ounces, clear, high colored, sp. gr. 1020, depositing urates on cooling, containing a small quantity of albumen, which, however, soon disappeared. No tube casts. Treatment: Nov. 17, castor oil, two drachms, ice to suck, iced milk and soup frequently. On the 18th a pill composed of quinine, 1 gr., digitalis ½ gr. and opium ½ grain, was ordered to be taken every four hours. On the 19th the digitalis was increased to 1 gr. each pill. Notwithstanding the above treatment, she was progressing from bad to worse; her fever continued high. At 5 P. M. on the 20th, reached 105° to 106°. Her face and eyes were flushed; she had the dull, heavy, stupid expression of a typhus patient and was very drowsy; her lips cracked; her tongue very dry and thickly coated with a deep brown fur. There was great difficulty in getting her to take food. Took nothing but iced milk to the extent of a table spoonful every quarter. Pulse 128, soft and regular; a teaspoonful of brandy and water given every hour. On 21st passed water in bed; bowels moved without medicines; her breathing labored, 36 per minute; pulse 128 and weak; temperature 104°. She now began to expectorate slightly for the first time, her sputa being slightly rusty. The râles over the whole chest were much more abundant, and now partly musical, partly moist, while at the right apex, the dullness on percussion was more decided, and abundant coarse moist râles were then heard. On this day the cold cloths were applied to the abdomen for half an hour every two hours.

On the 22d there was a slight suspension of the dullness. The expectoration continued longer, with blood. Further on he says: "The pulse, from the commencement, was persistently high and weak, and on one occasion, although somewhat lowered, stood at 116; it never rose again above 60. From this time the patient began to improve, although the dullness at the right apex, and slighter and more limited dullness at the left, although decidedly less than before the arrest of symptoms, remained. This patient got well after taking cod liver oil for two months."

We will not follow the author through the entire history of case No. III, but give the prominent symptoms as detailed. He found this patient "in a high fever; temperature, 103° to 105°, with a dry cough; had lost his appetite; was emaciating rapidly; sleepless; perspiring freely; very weak; breathing rapid. There was decided dullness at the left apex. Three days after the doctor saw him he had risen from bed at night, and lay exposed on the floor for some time. His condition was much worse Had high fever; very weak; bathed in perspiration; the dull-

Editorial Notes.

Criticisms.

Of late we have been amused at the criticisms aimed at us by a highly esteemed and virtuous (professionally speaking) cotemporary hailing from the Lake. They, perfection *par excellence*, affect to find fault with us for inserting the advertisements of some of our most worthy advertisers between the pages of reading matter, so-called. These temporarily appointed journalists doubtless believe that they are doing their solemn duty in thus admonishing us. They never—"well, hardly ever"—fail to do their duty in *this* direction, especially when circumstances allow them, as they do in the present instance, to take *this* course without the least liability to prospective pecuniary loss. Thus it gives them really good opportunity to assume a bold, independent and virtuous appearance. Again, one can see from the gusto with which they give their opinions that they take solid pleasure in occupying even this very small opportunity to throw a slight slur upon a cotemporary; in other words, they seem to enjoy the unenviable occupation of throwing mud. Even if the quantity thrown is small, is it a courageous act? For two years our worthy cotemporary has had a monthly opportunity to give us a little well merited credit for the part we have done in raising medical journalism in the West, but "not a word or sound" have *they* vouchsafed to us in *this* direction. No; but they have a good excuse for the omission. It is this: This city and vicinity was, up to 1877, a rich field for the various medical periodicals of the country. Since that time the richness has waned "to a considerable degree," if not more. This loss accounts for the lack of recognition in one way, and for the predisposition to show up fancied defects. But is this manly? To us it seems that they are positively ashamed of their advertisers, or that no respectable drug-house has ever asked them for space in their reading matter.

We are happy in the thought that many of our really first-class ex-

changes, such as the *London Practitioner*, *London Medical Record*, *Canada Medical Record*, *Virginia Medical Monthly*, etc., etc., are sharing this criticism with us.

We are justly proud of the character and number of our advertisers. Of course our patrons consider these inside pages more valuable (so do we), and they are willing to pay more for them; but our readers get the benefit of this, as it enables us to add to the size and worth of the JOURNAL, to our cotemporary's discomfort. We think that they will like those advertising pages just as soon as they have application for their insertion.

OF LATE we have prescribed "Phosphorole," a phosphorized cod liver oil, for old patients whose nervous system was greatly depressed, with the best effect. Prepared by Billings, Clapp & Co., of Boston.

A SHREWD WAY OF RAISING THE WIND.

A medical gentlemen residing in Illinois sent the following letter to a physician in this city:

DEAR DOCTOR:—If within your "ken," please explain the enclosed letter and return to me. I am not disposed to "bite" at anything not understood. My best wishes to you and yours. With kind remembrance, I am, yours truly, —— ——

The following is the letter:

"I have the honor to inform you that at a regular meeting of the Med. Journ. Ass. of Mo. held on Nov. 13, 1879, you were elected a member of said Assoc. The Constitution provides that members must be stockholders; the shares of stock are fixed at $25. No member may hold more than four shares. The stock is not required to be paid in advance, but is liable to assessment at the discretion of the Ass. Ex. Committee. Hoping for your favorable response, I am, most respectfully,

H. N. SPENCER, Sect."

We presume that hundreds of our readers have received circulars that are taken from the same original; therefore to them it is not an item of news, but as some of our cotemporaries may be desirous of a novel method of raising the wind, we invite their attention to, but do not recommend this "Pay or be expelled style." To our certain knowledge these circulars are directed to persons who know nothing of their so called election. The Assoc's Ex. Com. sends it them because it is supposed that they have money, and this the Com. *need*. If the new member is

slow to give a "favorable response," i. e., to be "bit," then he is given several doses of the falsehood that it is the organ of the medical colleges, or that it is Dr. so and so's journal. It is evident that the thing dare not be placed on its merits.

Some may call this business, but is it legitimate? We think not. If the constitution provides that members *must* be stockholders, a person cannot be lawfully elected a member *unless he has subscribed.* But on the other hand, if he *is* elected a member he cannot be expelled because he will *not* subscribe. The act or threat of expulsion would, mildly speaking, be bulldozing him for $25.

It is evident that this is a pretty shrewd method of raising the wind. The member is elected either to pay, *nolens volens*, his $25 or to be expelled from an association of which he knew nothing, until informed by the circular, which at the same time imparts the uncomfortable news that he is liable to be assessed at the discretion of the Ass'. Ex. Com.

Whether this is bulldozing or not, there can be no doubt that a heavy draft must be made on the member's confidence if he is led to believe that he will ever see his money again, or its equivalent, after he has satisfied the Sect's hopes by a "favorable response."

TO ADVERTISERS.

The value of a medical journal as an advertising medium depends on the extent of its circulation, and the character of its readers.

The number of the readers of the JOURNAL is now among the *thousands.* While the great majority of its subscribers are residents of the West and Southwest, yet it has readers in every State in the Union, and in the Canadas, besides not a few in nearly every nation in Europe. This is the result of no extraordinary effort on our part; the JOURNAL needs but to be seen to be appreciated. It is the *Pioneer Medical Monthly of the country*, and with regard to age, it is the *third.* It has more subscribers who have read its pages for ten, twenty, thirty or more years, than has any journal in the West. It is, therefore, the best possible medium for advertising the pharmacal and chemical preparations—the books and instruments that are likely to be required by medical men—than any medical journal in the West, or any medical periodical that reaches the West.

We have been informed oftentimes by both physicians and druggists that the JOURNAL ADVERTISER is very frequently employed as a directory in the aid of selecting the kind of medical books and preparations, and the instruments to be purchased.

We have many strong testimonials from those who have advertised in the JOURNAL, and who have realized *valuable* results.

The rates for advertising are very low indeed, considering the large number of the readers of the JOURNAL, and considering that although a great many of our readers are well to do physicians, they take no other medical journal.

For information concerning terms for inside and special pages, and for large space and long contracts, address

DR. THOS. F. RUMBOLD,
1225 Washington Ave, St. Louis, Mo.

ONE misfortune under which the Society labors is that of having made an arrangement with the publisher of a monthly journal in St. Louis to print its transactions in fragments, from month to month. The official publication of some of its most valuable contributions will thus be delayed for many months, and even then will have a limited circulation.—*Cincinnati Lancet and Clinic.*

Was it not a "misfortune" that the Society did not make a Cincinnati or Louisville journal the official organ? Is not the judgment, on this point, of the hundreds of physicians present worth as much as that of our cotemporary? We would like to compare our "limited circulation" in the three States comprising the Society with that of our Cincinnati friend. We will wager a chromo that the circulation of the Tri-State Society's proceedings for the present year will treble that of the American Medical Association for the same year. Unfortunately for the correctness of this statement, the proceedings will not appear in a monthly journal of St. Louis, but a semi-monthly, if you please.

WANTED—July numbers of the JOURNAL, for which current numbers will be given in exchange.

NEW PREPARATIONS.

Cascara Sagrade and Damiana.—I have used Parke, Davis & Co.'s fluid extract of cascara sagrada (rhamnus purshiana) in several cases of constipation, with very satisfactory success. In a case of paralysis which I treated in the Troy Hospital, where the patient was badly constipated, I found the cascara an efficient and pleasant laxative. I have also prescribed fluid extract damiana (Parke, Davis & Co.'s) as an emmenagogue in a case of phthisis, with slight pulmonary hemorrhage, with most marked success. I have not had an opportunity to test the aphrodisiac properties claimed for this drug. A. T. VAN VRANKEN, M. D.

West Troy, N. Y., Sept. 12, 1879.

Eucalyptus Globulus.—I had a case of ague in a child 10 years of age that quinine in large doses would not break up although tried faithfully for a week. I then gave eucalyptus globulus four times a day in 15-drop doses. In the afternoon of the first day after this treatment, a slight chill occurred, and next day none, and no signs of chills have since appeared, although it is now six weeks since she stopped taking the medicine. I have used ucalyptus in several other cases with equally good results. C. A. MAY, M. D.

Streetsboro, O., Sept. 18, 1879.

ness still more pronounced. Musical râles were heard all over the whole chest. He was very delirious; had the appearance of a patient in the advance of typhus fever. He was treated in the beginning with brandy and a pill of quinine, 1 gr.; digitalis, 1 gr., and opium, ½ gr., every four hours. At one time a subcutaneous injection of one-hundredth of a grain of atropia was injected at bedtime." We will not follow the history of this case further, as enough has been said to indicate the diagnosis.

In conclusion, the author asks: "Under what disease was our patient laboring?" He says no one who had experience in such cases, or saw them whilst progressing, could doubt that they were suffering from acute phthisis. With becoming modesty we differ with our author in the diagnosis of these cases, and must say they were cases of typhoid-pneumonia. That they were *not* acute phthisis we think is shown by the *post mortem* of the next case reported. A short history only of this case is necessary. "On admission, May 18th, was much emaciated; bathed in perspiration; pulse, 120 soft, compressible; temperature, 105°; respiration, 44; tongue coated; bowels regular; intellect obscured; face flushed; lips pale and nails rather livid; decubitus on his back; cough frequent; expectoration, purulent, etc. On examination of the chest moist râles over the most of both lungs, especially the left, more marked at the apices than the bases. In the former situation there was decided dullness on percussion. This patient died on the 30th. *Post mortem* made by Dr. Coats. The lungs were moderately adherent; at the apex of the left, several cavities were observed, while the remainder was extensively consolidated, being mottled, suggesting the name of frog spawn condensation. The right lung was similarly, though not so greatly affected. Dr. Coats, in his report, says: 'The lesion is not primarily and essentially of the nature which I call tubercular. The essential pathological condition seems to be a filling up of the air cells and smaller bronchi which becomes cheesy. The exudation, when fresh, is composed for the most part of cells, smaller than the usual large epithelial cells of chronic phthisis, reminding one of those found in acute pneumonia. There is also an occasional recurrence of a more homogeneous exudation in the air vesicles, which may perhaps consist of fibrin. I do not deny that a careful search through the lungs might have enabled me to detect tubercles, but as the primary lesion is such as I have described, such tubercles I would have regarded as secondary.'"

We think the author is unfortunate in his witness, whose testimony certainly corroborates the view we have taken of the cases, and that is, they were cases of typhoid pneumonia. The treatment is good, for it meets indications as they present themselves. We have said nothing of remaining chapters. The book is worth reading, as is everything written by McCall Anderson, although we may differ with him upon many other points. We will refer to them at some other time. J. M. Scott.

The Radical Cure of Hernia by the Antiseptic Use of the Carbolized Catgut Ligature. By Henry O. Marcy, A. M., M. D.

This paper is a reprint from the Transactions of the American Medical Association, 1878, and the operation for radical cure here proposed is to cut down upon the sac and expose to view the borders of the external ring. The walls of the rings are then stitched together with the carbolized catgut under antiseptic precautions, and the wound closed. Healing by first intention is to be secured, if possible. The so-called radical cure accomplished by this procedure was discovered by the author in the result of two cases in which he operated for relief of strangulation, and then approximated the walls of the rings. The reduction of the hernia was accomplished in each case without incising the sac.

He thinks the operation is comparatively safe; is more satisfactory than any of the subcutaneous methods; and is at least entitled to a considerate trial.

Report on Inguinal Hernia. By E. L. Herriott, A. M., M. D.

This is an essay read before the Illinois State Medical Society, in which the author states the various procedures used in taxis. He says, describing his treatment for the reduction of hernia: "1st, Warm bath; 2d, Chloroform, commencing immediately on or before emerging from bath; 3d, Cold to tumor. By the first two we get perfect relaxation, and by ice to tumor we get contraction and condensation to this part, and by first drawing it downward, we wrest it from the grasp of the constriction, and those parts being relaxed, with the patient in the proper attitude, with a careful manipulation of the tumor, we have always been fortunate enough never to require an operation."

A judicious use of the various aids to taxis, in conjunction with an intelligent and skillful manipulation, will very often accomplish the reduction of hernia, but the author will yet find cases where he cannot reduce without operating. He is so confident of successful taxis that he endeavors to impress upon his readers his belief that operations are hardly ever necessary, and implies that they are often resorted to without being absolutely needed.

Such may in part be true, but, on the other hand, it is, I think, certain that great damage is often inflicted by long continued taxis, and the fatality of operative procedure very largely increased by the injuries entailed by taxis and its consequent delay. I think the majority of fatal cases of strangulated inguinal hernia with which I have been personally cognizant have had their termination fixed by the injurious effects of prolonged taxis.

Where the symptoms are urgent, the time allotted to taxis

should be measured by minutes, and failing to relieve, the operation should be at once performed, for delay is dangerous.

Essays in Surgical Anatomy and Surgery.—An Essay upon the Surgical Anatomy and History of the Common, External and Internal Carotid Arteries; awarded the First Prize of the American Medical Association, June, 1878. An Essay upon the Surgical Anatomy and History of the Innominate and Subclavian Arteries; awarded the Second Prize of the American Medical Association, June, 1878. An Essay upon the Surgical Anatomy of the Tibio-Tarsal Region; awarded the (James R. Wood) Annual Prize of the Alumni Association of the Bellevue Hospital Medical College, 1876. An Essay upon the Surgical Anatomy of the Obturator Artery, and Notes upon the Surgical Anatomy of the Hip-Joint. By John A. Wyeth, M. D., of Little Rock, Ark. [New York: William Wood & Co., 1879.]

Two essays—one upon the surgical anatomy and history of the common external and internal carotid arteries, the other upon the surgical anatomy and history of the innominate and subclavian arteries—compose the greater part of this book. The author gives a complete tabular statement of the surgical history of all operations on these arteries and a minute record of his observations and measurements in numerous dissections of these arteries and their branches.

The work of preparation has been laborious, and the author has made deductions from his observations and the history thus tabulated, which are in some instances at variance with accepted views.

He claims to "prove that ligature of the common carotid for a lesion of the external carotid or its branches when there is half an inch between the seat of the lesion and the origin of the external carotid is wrong in principle, unsafe in practice, and should cease to be a surgical procedure." He also holds "it to be bad surgery which places a ligature upon the common carotid for a wound of the internal carotid artery."

The above quoted conclusions, as are most of those advanced by the author, are sound deductions from his anatomical data and the history of operative interference, but I cannot believe, as the author does, that ligature of the common carotid will generally be necessary where enucleation for malignant intra-orbital disease is necessary. Hemorrhage after enucleation for pulsating malignant or non-malignant tumor except it be aneurismal is readily controlled by pressure, and it is very rare to have secondary hemorrhage after such operations. I do not think that he is justified in recommending the ligature of the common carotid as a means of relief from *persistent* neuralgia. I think the uncertainty of relief and the high rate of mortality contra-indicate the procedure.

Ligature of the Innominate he considers unjustifiable except where instant death may be averted by it.

The subclavian in the first part of course should not be ligated, except for injury at site of ligature, and then if ligature falls within half an inch of innominate, the carotid and subclavian should be secured by double ligature, and each end proximal and distal twisted.

In the essay on "The Surgical Anatomy of the Tibia Tarsal Region," the most important point made prominent is that the posterior tibial divides into external and internal plantar, "on a level with a line drawn from the most dependent portion of the internal malleolus to the middle of the heel's convexity," and that the most important blood supply to the integument over the heel is from branches of the external plantar, and not from the posterior tibial. This is an important point to remember in making heel flaps.

In the essay on "Surgical Anatomy of the Obturator Artery" the author calls attention to the fact that in its distribution it is very constant, but in its origin is very uncertain, but is usually symmetrical, and that the artery is much more frequently derived from the deep epigastric in females than in males; hence it is in dangerous relation to the femoral ring more frequently in females than in males. H. H. MUDD.

GUIDE TO THE EXAMINATION OF URINE, with Special Reference to the Diseases of the Urinary Apparatus. By K. B. HOFFMAN and R. ULTSMANN. From the second edition; translated and edited by F. FORCHHEIMER, M. D. With illustrations; 16mo.; pp. 195. [Cincinnati: Peter G. Thomson, publisher, 179 Vine street, 1879.]

The translator places this work before the medical public, expecting a favorable reception because of its popularity on the Continent, and because of its nearly universal adaptation by the German High Schools. A large amount of space is spent upon methods showing how an examination of urine can be most readily and quickly made.

THE MEDICAL AND SURGICAL HISTORY OF THE WAR OF THE REBELLION. Part II, Vol. I, Medical History. Being the second medical volume, prepared under the direction of JOSEPH K. BARNS, Surgeon-General U. S. Army. By JOSEPH JANVIER WOODWARD, Surgeon U. S. Army. First issue. [Washington, 1879.]

This immense quarto volume of 869 pages treats of alvine fluxes. It contains forty-two plates and photo-relief cuts. Of these cuts twenty-five are copied from photo-micrographs made

by Dr. Woodward himself. They exhibit a great deal of care and painstaking on his part, and will stand as a grand monument of his skill and industry, as we have nothing like it in any of our medical works. At a future time the work will be fully reviewed in this JOURNAL.

FIRST STEP IN CHEMICAL PRINCIPLES. An Introduction to Modern Chemistry. Intended especially for beginners. By HENRY LEFFMAN, M. D. 16mo.; pp. 51. [Philadelphia: Edward Stern & Co., 1879.]

This is a neat little book. The author's purpose is to make clear those points in theory, notation and nomenclature which give trouble to beginners, by elaborate explanations and illustrations. It is especially adapted to medical students.

Editorial.

SINCE our last issue Dr. Thomas Kennard has "passed to that bourne from whence no traveler returns." In his death we have lost a true, honest and fearless friend and brother; the JOURNAL has lost one of its most zealous and learned collaborators; our Society one of its most useful and faithful members; and the profession a writer who added luster and true worth to its literature.

During the last few months our city has lost three of its prominent physicians. Besides Dr. Thomas Kennard, Dr. Benjamin Linton, the son of the founder of this JOURNAL, and Dr. Frank G. Porter. Of Dr. Linton our expectations were high, as he was a young man of more than ordinary ability and perseverance in his profession, and knowing that he was following the bright example of his father, we hoped for the perpetuation of the name, but an early death has robbed us of this.

While Dr. Frank G. Porter was not so fully known throughout the profession from his writings as was Dr. Kennard, yet in this city his name was by no means a stranger, for our city has received marked benefits from his executive ability while he was

connected with the Board of Health, and thousands of our families have known him as a true friend and a physician of uncommon skill and success.

THE TRI-STATE MEDICAL SOCIETY.

The last meeting of this popular and rapidly-growing Society was its most successful one. Although it had three sessions daily for four days, yet all of the papers were not read and discussions on all, even the most valuable papers, were cut short for want of time. There were a little over 300 physicians present, from Tennessee, Ohio, Missouri, Indiana, Kentucky and Illinois. That the JOURNAL was fully appreciated is shown by the resolutions passed, again giving the proceedings to the JOURNAL for publication, and in the resolution offered by Dr. Gerrish of Seymour, Ind., and passed unanimously, recommending that the members of the Society should take the JOURNAL.

For the benefit of our new subscribers we will not commence the publication of these proceedings until the January number. These papers will compare favorably with those of any Medical Society in the United States, and instead of their being buried in a book and sent to 300 readers, they will be published in the "most popular medical journal in the West." We flatter ourselves that it was a similar publication of their proceedings of last year, and the vigorous opposition of the Chicago medical press, that assisted in raising the popularity of the last meeting held at Evansville. We must not forget to mention that a great share of the success of the meeting was due to the excellent management of the President, Dr. Ireland; of the Secretary, Dr. Burton, and Dr. Owens, the Chairman of the Committee of Arrangements, and to the other officers of the Society.

SEMI-MONTHLY.

We have concluded to make another improvement in the JOURNAL; we do this by issuing it two times each month, that is, on the 5th and 20th, commencing with January, 1880.

Even the average practitioner does not wish to wait 30 days for the recent developments in medicine, while every physician

who is determined to keep in the van of his profession, *will* have the latest advancements placed before him as soon as they are made, and he will contribute to that periodical *only* which will soonest place the products of his researches before the greatest number of his compeers. It is to gratify this class of our readers and contributors that we make the change in the time of the issue of the JOURNAL.

The Collaborators for the JOURNAL will report the recent progress in their departments in the following order:

IN JANUARY, MAY AND SEPTEMBER,

LEGRAND ATWOOD, M. D., Venereal Diseases.
W. L. BARRET, M. D., Gynæcology.
WM. PORTER, M. D., Diseases of the Respiratory Organs.
FRED. T. LEDERGERBER, Esq., Medical Jurisprudence.
Y. H. BOND, M. D., Diseases of the Rectum.

IN FEBRUARY, JUNE AND OCTOBER.

H. H. MUDD, M. D., Surgery.
JOHN GREEN, M. D., Ophthalmology.
DRS. JUDD, EAMES and FULLER, Dental Medicine.
H. C. FAIRBROTHER, M. D., Physiology.

IN MARCH, JULY AND NOVEMBER.

C. M. LITTON, M. D., Chemistry.
J. S. B. ALLEYNE, M. D., Therapeutics.
W. E. FISCHEL, M. D., Diseases of Children.
HIRAM CHRISTOPHER, A. M., M. D., Collateral Branches.

IN APRIL, AUGUST AND DECEMBER.

J. M. SCOTT, M. D., Practice of Medicine.
WALTER COLES, M. D., Obstetrics.
C. W. STEVENS, M. D., and C. H. HUGHES, M. D., Diseases of the Nervous System.
F. J. LUTZ, M. D., Surgery (from the German).
EDW. MONTGOMERY, Materia Medica.

Obituary.

THOMAS KENNARD, M. D.

At a meeting of the St. Louis Medical Society, the following was passed as an expression of respect to the memory of Dr. Thomas Kennard:

With a deep sense of the sad and and irreparable loss we have sustained in the death of THOMAS KENNARD, Ex-President and honored member of this Society, we give expression to grief and record

IN MEMORIAM

this tribute to his manly virtues and excellencies, and to his professional capacity, attainments and standing.

Nature cast him in no diminutive mould; lavish of her gifts, he was not denied ability to acquire knowledge from books, but added thereto the capacity to create it by observations and experience. Thorough literary training and extensive reading formed an appropriate basis for his professional education. Assiduously he kept pace with the rapid progress of scientific medicine; patiently and energetically he practiced the art with enviable success.

Cosmopolitan in all of his views, the elevation of the standard of medicine was near to his heart, and while he inculcated needful professional reform, he demanded for medicine a more just recognition of its relations to government, society and the other noble professions, an enlightened secular and religious press, and an intelligent public. And for the welfare of profession and people he desired the safeguards and protection of wise legislation.

Eminently characteristic of our lamented brother was the bold and fearless advocacy of his views. He wielded a free lance, neither giving nor asking quarter. Concise, condensed and incisive, he grasped the gist and marrow of a subject, and whether in its presentation or defence wielded with grace and precision the weapons of debate. As he spoke so did he write, and his frequent contributions to our Journals and the various monographs emanating from his pen have elicited merited praise and remain an enduring monument to the enlarged views and ability of the writer.

For the administration of affairs he was singularly well adapted, and whether as President of the Society or Chairman of its important committees, he exhibited an acquaintance with par-

liamentary law and the routine of business which harmonized action and attained results.

Honest and honorable in all of his dealings, he strictly obeyed the spirit and letter of our ethics, and in professional intercourse he was marked by exceeding fairness and respect for others.

Capable, truthful and scientific himself, he despised quackery in all its forms, and his deep censure, mingled with contempt, fell heavily upon hypocrisy and pretension.

A man of strong character, it was not astonishing that he had devoted friends and decided enemies. The former testify to his kindly and affectionate nature, while the latter find more to admire than to condemn.

Only close association elicited a full knowledge of the gentle, kindly disposition which underlaid the sometimes harsh and severe exterior presented by our deceased brother.

He was, without ostentation, charitable, not only in speech, but in acts.

A strong man has fallen! A counsellor, friend and leader is lost to us forever! We sorrow with the family of our deceased brother, and offering this tribute to his memory, tender our condolences and express a hope that on "the other shore" he "rests from his labors" and reaps the reward of the just.

LEGRAND ATWOOD, M. D., Chairman.
J. M. SCOTT, M. D.,
ROBT. J. HILL, M. D.,
WILLIAM PORTER, M. D.,
W. L. BARRET, M. D.,
WM. JOHNSTON, M. D.,
E. F. SMITH, M. D.,
CHAS. W. STEVENS, M. D.,
J. R. LEMEN, M. D.,
A. C. BERNAYS, M. D.

BENJ. LINTON, M. D.

Dr. Benj. Linton commenced the study of medicine in the fa of 1868 by the advice of his father, Dr. Moses L. Linton. H took three courses of lectures in the St. Louis Medical Colleg. In 1871 he seceived the degree of M. D., and commenced the practice of his profession. At the college and in the field of life he won warm friends by his gentleness of manner, fervor, trustworthiness and confiding nature. The resolutions of the St. Lou Medical Society, drawn by three of his most cherished medi brethren, are strictly true. He was a firm, sometimes apparntly stnbborn, disposition, but always generous and kind. He wi liberal, but never profligate; on the contrary, careful of his me s, for which he worked hard. The onerous duties of his profess n, to which he was devoted, and the demands of which

he responded to with conscientious zeal, told upon his apparently strong constitution. In the spring of 1877 he visited an uncle, who lived in Iowa, and spent the summer in recreation. The exhilarating Northern air greatly invigorated him, and in the early fall he returned to his work much improved. However, his regained strength soon deserted him and the following February, while at the supper table, he fainted and remained for a short time in a state of coma. From this he never recovered, and his ailment gradually grew upon him, and with it, increasing weakness and apprehension. In June, 1879, he visited a sister in Illinois, but the trip was of no benefit to him, and he soon began to sink. On the 29th of this month, very much debilitated he returned to St. Louis, where he remained until his death. The best medical talent came to his aid, and he was constantly and tenderly nursed, but all to no avail. For three months he was compelled to occupy a large chair, being unable to rest in bed. Finally, in the early part of the evening of September 27th, he unexpectedly departed this life, with one arm about the neck of his devoted mother, Mrs. Ann R. Linton. His remains were removed to Calvary Cemetery, and were laid by the side of his father, Dr. Moses L. Linton.

At a meeting of the St. Louis Medical Society, held on Tuesday, the following resolutions were unanimously adopted:

Whereas, Dr. Benjamin Linton, a beloved and honored member of our profession, after a long illness, has been taken from us and from his earthly labors; be it

Resolved, That we hereby express our deep sorrow for our great loss, and that while we would not intrude upon the sacred grief of his family, we extend to them our sympathy in the greatest of earthly losses, and express our love and appreciation of him whose departure we mourn. Though cut off in his youth, yet his life had already borne fruits of much usefulness; his attainments, energies and abilities giving promise of a life which if it had been spared, would have led to eminence. In his professional labors, as in his whole character, he displayed an earnestness of purpose (not measured by ambition) to excel, not urged alone by desire for advancement, but springing from sincere devotion to truth. His profession he loved devotedly. He felt it his duty as well as his pleasure to attend the sick call at all times, whether made by the rich or the poor. Of him it can not be said that he ever failed in attention, in kindness, gentleness or care when attending to the wants of others. With his tenderness and quick-moving sympathy there was also firmness and strength. In his friendship he was faithful and true, trusting and confiding in his friends, and by his worth gaining from them full confidence.

Resolved, That in the death of our friend and brother we have suffered an irreparable loss, and that while we mourn his death,

we will ever cherish his memory and emulate his worthy life and example.

Resolved, That copies of these resolutions be furnished the family of the deceased and press of the city. Respectfully submitted,

E. H. GREGORY,
J. H. LESLIE,
L. L. MCCABE,
Committee.

FRANK G. PORTER, M. D.

Dr. Porter was born in Newcastle, Lawrence County, Pa., July 14th, 1829. He became a pupil of Dr. Horace A. Ackley, of Cleveland, O., in the year 1849. He graduated in the Cleveland Medical College in the spring of 1851. From his youthful appearance he was called the "Boy Doctor." In the spring of 1854 he came to the West in quest of a location for the practice of his profession. After visiting Chicago and the larger towns of Illinois and Iowa, he finally resolved to "pitch his tent" in St. Louis. He arrived in this city in May, 1854. From this time up to the period of his last sickness he applied himself to the practice of his profession, and his labors were well rewarded. In 1854 he became a member of the St. Louis Medical Society, the Missouri State Medical Association and the American Medical Association. He has held the distinguished position of Vice-President and President of the St. Louis Medical Society, which he filled to the entire satisfaction of his professional brethren.

The following are the resolutions passed by the St. Louis Medical Society:

We are called to pay respect to the memory of one who was but yesterday of our number. Words are feeble at such a time, but eloquent testimony to the worth of Dr. Frank G. Porter is the presence of so many of his friends and professional associates. A man of high intellect, strong purposes, untiring energy, and withal, honorable and courteous; needs not that we should remind this Society of its loss. In the business of life his manhood carried him ever to the front, and in the archives of this Society he has a record without a stain. Those who knew him best will mourn him most.

We respectfully submit that

Whereas the allegiance of Dr. Frank G. Porter to this Society is thus suddenly and forever severed, and

Whereas, both as a member and an officer of this Society he was unhesitatingly true and steadfast, performing his duty with more than ordinary ability, he shrank from no issue and lent his influence to no intrigue, therefore have we

Resolved, That we deplore the loss of this strong, brave man.

Resolved, That we rejoice in the record of our friend and comrade and bear witness to the pleasure and profit we have derived from his long membership.

Resolved, That we commit his bereaved family to the care of the Great Physician, who doeth all things well, and that as a token of respect and sympathy we attend the funeral exercises in a body.

CHAS. W. STEVENS, M. D.,
ROBT. J. HILL, M. D.,
W. L. BARRET, M. D.,
WM. PORTER, M. D.

News Items.

DR. GAILLARD, editor and proprietor of the *Richmond and Louisville Medical Journal* and the *Louisville Bi-Weekly*, has removed to New York City. He will issue his journals from this place. We wish the Doctor success in his new home, and hope that his journals will meet with many new friends who are paying subscribers. His monthly journal has for a long time occupied a place on the list of the leading medical periodicals of the country. We presume that there is hardly a well-read physician of ten years' practice in the land that does not have some volumes of this meritorious journal in his library.

VACCINE VIRUS can be had in limited quantities by applying at the office of the Board of Health. The virus comes from the Missouri Vaccine Farm, and is propagated by Dr. R. M. Higgins.

Books and Pamplets Received.

Seventh Annual Announcement of the Physio-Medical College of Indiana. Session of 1879–'80.

Vegetarianism, the Radical Cure for Intemperance. By Harriet P. Fowler. [New York: M. L. Holbrook & Co., 1879.]

Tracheotomy with the Galvano-Cautery. By Wm. A. Byrd, M. D. [St. Louis: Reprint from the *St. Louis Clinical Record*, 1879.]

Statistics of Placenta Previa. Collected from the practice of Physicians in the State of Indiana. By Enoch W. King, M. D., Galena, Ind.

Transactions of the Indiana State Medical Society, 1879. Twenty-ninth annual session. [Indianapolis: Baker & Randolph, 1879.]

The Treatment of Fracture of the Lower End of the Radius. By R. J. Levis, M. D. [From the Transactions of the Medical Society of Pennsylvania.]

Yellow Fever a Nautical Disease; its Origin and Prevention. By John Gamgee, M. D. [New York: D. Appleton & Co., 549 and 551 Broadway, 1879.]

Transactions of the Medical Society of the State of New York for the year 1879. 8vo.; pp. 703. [Syracuse, N. Y.: Truair, Smith & Bruce, printers, 1879.]

Tobacco Poisoning and its Effects upon the Eyesight. By A. W. Calhoun, M. D., Atlanta, Ga. [From Transactions of the Medical Association of Georgia.]

Treatment of Fracture of the Femur. By C. Truesdale, M. D., Rock Island, Ill. From the transactions of the Illinois State Medical Society, Lincoln, May, 1879.

College of Physicians and Surgeons, New York. Medical Department of Columbia College. Seventy-second Annual Catalogue and Announcement. [New York, 1879.]

The Multum in Parvo Reference and Dose Book. By C. Henri Leonard, M. A., M. D. Third edition; revised and enlarged; twenty-third thousand. [Detroit, 1879.]

From the *Boston Medical and Surgical Journal*, March 6th, 1879. Observations on the Mechanical Treatment of Diseases of the Hip-joint. By Charles Fayette Taylor, M. D.

Transactions of the Medical Association of Georgia. Thirtieth Annual Session. Rome, April 16th, 1879; 8vo.; pp. 221. [Atlanta, Ga.: James P. Harrison & Co., printers and binders, 1879.]

Biennial Report of the Missouri Eye and Ear Infirmary, 1304 Chestnut street, St. Louis, from June 26th, 1877, to June 26th, 1879; act of incorporation. [St. Louis: Jno. McKitrick, 1879.]

Transactions of the Thirty-fourth Annual Meeting of the Ohio State Medical Society, held at Dayton, June 3d, 4th and 5th, 1879. 8vo.; pp. 217. [Columbus, O.: Cott & Hann, book printers, 1879.]

On Diseases of the Stomach, the Varieties of Dyspepsia, their Diagnosis and Treatment. By S. O. Harbershon, M. D., London. Third edition; 8vo.; pp. 324. [Philadelphia: Lindsay & Blakiston, 1879.]

The Relations of Legislation to Sanitary Protection. Presidential Address before the Indiana State Medical Society at its twenty-ninth annual session, May 20th, 1879. By Benj. Newland, M. D. [Indianapolis: Baker & Randolph, 1879.]

Proceedings of the Association of Medical Officers of American Medical Institutions for Idiotic and Feeble-Minded Persons. Sessions, Syracuse, June, 8th to 12th, 1878; Lincoln, May 27th to 30th, 1879. [Philadelphia: J. B. Lippincott & Co., 1879.]

Internal Urethrotomy and Lithotripsy. At the same sitting, in a patient 79 years of age, with remarks on rapid lithotripsy and on the evacuation of detritus from the bladder. By J. W. S. Gouley, M. D. Reprinted from the *Medical Record*, October 18, 1879.

The Treatment of Diseases by the Hypodermic Method; a Manual of Hypodermic Medication. By Robert Bartholow, M. A., M. D., LL. D. Third edition; enlarged. [Philadelphia: J. B. Lippincott & Co. [London: 16 Southampton street, Covent Garden, 1879.]

A Clinical Treatise on the Diseases of the Nervous System. By M. Rosenthal, with a preface by Prof. Charcot. Translated from the author's revised and enlarged edition by L. Putzel, M. D. Volume II. [New York: William Wood & Co., 27 Great Jones street, 1879.]

The Heart and its Diseases, with their Treatment, including the Gouty Heart. By J. Milner Fothergill, M. D. Second edition (entirely re-written), with illustrations. [Philadelphia: Lindsay & Blakiston, 1879.] For sale by the Book and News Company, St. Louis. Price, $4.00.

The Grounds of a Homeopath's Faith; three lectures delivered at the request of the Matriculates of the Department of Medicine and Surgery (old school) of the University of Michigan. By Samuel Jones, M. D. [Boericke & Tafel, New York and Philadelphia, 1880.]

The National Dispensatory, containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopœias of the United States, Great Britain and Germany, with numerous references to the French Codex. By Alfred Stillé, M. D., LL. D., and John M. Maisch, Phar. D. Second edition; thoroughly revised, with numerous additions, and 239 illustrations. [Philadelphia: Henry C. Lea, 1879.]

AMERICAN HEALTH PRIMERS.

Eyesight and How to Care for It. By George C. Harlan, M. D. [Philadelphia: Lindsay & Blakiston, 1879.] For sale by the Book and News Company, St. Louis. Price, 50c.

The Summer and Its Diseases. By James C. Wilson, M. D. [Philadelphia: Lindsay & Blakiston, 1879.] For sale by the Book and News Company, St. Louis. Price, 50c.

The Student's Guide to the Diseases of Women. By Alfred Lewis Galabin, with 63 illustrations. [Philadelphia: Lindsay & Blakiston, 1879.] For sale by the Book and News Company, St. Louis. Price, $2.00.

Complimentary Dinner given to Prof. S. D. Gross by his Medical Friends in Commemoration of his Fifty-first Year in the Profession, April 10th, 1879. [Philadelphia: Lindsay & Blakiston, 1879.] For sale by the Book and News Company, St. Louis. Price, $1.00.

Memorial Oration in honor of Ephraim McDowell. By Samuel D. Gross, M. D., L.L. D., D. C. L., Oxon. Published by the Society. [Louisville, Kentucky: Printed by John P. Morton & Co. 1879.]

STUDENTS' AID SERIES.

Aids to Anatomy. By George Brown, M. R. C. S., L. S. A., fourth thousand. [New York: G. P. Putnam's Sons, 182 Fifth avenue. 1879.]

Aids to Forensic Medicine and Toxicology. By W. Douglas Hemming, M. R. C. S. [New York: G. P. Putnam's Sons, 1879.]

Aids to Therapeutics and Materia Medica. By C. E. Armand Semple, M. R. C. P., London. [New York: G. P. Putnam's Sons, 1879.]

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—OCTOBER, 1879.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	67.0	88.0	18	49.0	64.5
2	72.5	**90.5**	19	45.5	64.0
3	66.5	77.0	20	44 5	57.0
4	65.0	89.0	21	39.0	67.5
5	69.0	90.5	22	49.5	75.0
6	68.5	85.5	23	40 5	58.0
7	67.5	72.0	24	35 5	54.5
8	65 0	85.5	25	36.0	58.0
9	69 0	88.5	26	38 0	65.5
10	72.5	88.0	27	44.5	69.0
11	70.0	88.0	28	47.5	66.5
12	71.5	89.5	29	52.0	71.5
13	68.0	85.0	30	41.0	53.5
14	67.5	84.0	31	**34.5**	50.0
15	68 0	88.0			
16	67.0	78.5	Means	56.5	74.6
17	61.0	71.0	Monthly Mean	65.5	

Quantity of rainfall, 0.35 inches.

MORTALITY REPORT.---CITY OF ST. LOUIS.

FROM SEPTEMBER 14, 1879, TO OCTOBER 18, 1879, INCLUSIVE.

Septicæmia	8	Cholera Infantum	19	Hydrocephalus &	
Measles	1	Inanition, Want of		Tubercular Men-	
Syphilis	2	Breast Milk, etc.	12	ingitis	4
Scarlatina	9	Alcoholism	3	Meningitis and	
Diabetes Mellitus.	3	Rheumatism and		Encephalitis	15
Erysipelas	2	Gout	1	Other Diseases of	
Diphtheria	25	Cancer	9	the Brain and	
Membranous Croup	6	Phthisis Pulmon.	72	Nervous System	10
Whooping Cough.	7	Bronchitis	4	Cirrhosis of Liver	
Atheromatosis Ater		Senility	10	and Hepatitis	17
Leucocythæmia	1	Pneumonia	11	Enteritis, Gastro-	
Typhoid Fever	15	Heart Diseases	11	Enteritis, Perito-	
Cerebro Spinal Fe.	3	Other Diseases of		nitis, and Gas-	
Remittent, Inter-		Respir'y Organs	7	tritis	19
mittent, Typho-		Entro-Colitis	0	Bright's Disease	
Malarial, Con-		Marasmus—Tabes		and Nephritis	
gestive & Simple		Mesenterica and		Other Diseases of	
Contin'd Fevers,	24	Scrofula	40	Urinary Organs.	3
Puerperal Disea's.	3	Convulsions	56	Thrombosis	1
Diarrhœal "	27	Aneurism		Ovarian Tumor	1
		Deaths by Homicide	1		

Apoplexy	14	Premature & Pre-	
Cyanosis and At-		ternatural Birth.	20
electasis		Surgical Operat'ns	3
Deaths by Suicide	5	Deaths by Accid't	16
Congen Detor'ty	1	Total Deaths from	
Total Deaths from		all Causes	522
Total Zymotic Dis-		Total Constitution-	
eases	164	al Diseases	129
Total Local Dis-		Total Develop'tal	
eases	173	Diseases	31
		Deaths by Viol'ce	25

CHAS. W. FRANCIS, *Health Commissioner.*

TROMMER'S

Extract of Malt

The rapidly increasing demand for our **Improved Extract of Malt,** during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an improved process, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops,** viz; Malt Sugar, Dextrine, Diastase, Resin and Bitter of Hops, Phosphate of Lime and Magnesia, and Alkaline Salts.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25 7 Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly, SILAS H. DOUGLAS,
Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of Diastase renders it most effective in those forms of disease originating is imperfect digestion of the starchy elements of food.

A single dose of the improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose of adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1 1-2 lbs of the Extracts.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

Extract of Malt, *With Hops (Plain)*	$1.00
" " " " *Pyrophosphate of Iron (Ferrated)*	1.00
" " " " *Cod Liver Oil*	1.00
" " " " *Cod Liver Oil and Iodine of Iron*	1.00
" " " " *Cod Liver Oil and Phosphorus*	1.00
" " " " *Hypophosphites*	1 50
" " " " *Iodides*	1.50
" " " " *Alteratives*	1.50
" " " " *Citrate of Iron and Quinta*	1.50
" " " " *Pepsin*	1.50

MANUFACTURED BY

Trommer Extract of Malt Company,

FREEMONT, OHIO.

NEW REMEDIES.

Liquor Ergotæ Purificatus.

PHYSICIANS have long felt the want of a reliable preparation of ergot, which should be free from the serious drawbacks so largely met with in the preparations offered under the guise of extracts, ergotines and fluid extracts.

Many of these preparations contain deleterious ingredients, which exert a disturbing and dangerous influence in the frequently grave emergencies where ergot is resorted to. Others, again, have features objectionable in either requiring some previous preparation to fit them for administration, or are not possessed of needed keeping qualities, tending to deterioration in time, or to become unsightly on standing. Inferior material and defective methods are largely responsible for this misrepresentation of a really excellent drug.

Our desire has been to supply the want referred to, and to that end we have undertaken a series of experiments, to decide upon a method of extraction, which should be selective in its character, so that all the desirable properties of the drug should be represented in our preparation, to the exclusion of those which produce dangerous and unwished-for results.

Chemical analysis and physiological experimentation have been laid under contribution to bring about this result, so that we could offer a tried remedy, with the consciousness of having exerted our best efforts towards lightening the labors of the physician, and placing in his hands a worthy weapon in combating disease.

The preparation which we submit under the above title is characterized by uniformity of ingredients, constancy of strength, and freedom from those properties which are exerted solely in disturbing the healthy functions, without a corresponding beneficial result.

It will be found a faithful representative of all the desirable properties of ergot, which tend to accelerate labor and assist nature's protracted efforts, while it is superior in its application to other uses of this drug.

Our method of preparation in its general features consists, first, in determining the value and constituents of the very best obtainable fresh ergot, selected from a large number of samples.

Having once ascertained the maximum value, and adopted this as a standard, each succeeding parcel of our "Liquor Ergotæ Purificatus" is made to conform to this strength, so that the active principles of sixteen Troy ounces of such standard ergot would be represented by sixteen fluid ounces of our finished preparation.

We desire to lay particular stress on the value of this liquid for administration hypodermically. As this method of medication can be depended on to produce much speedier results than by the mouth, it is a desideratum which has been borne in view to furnish in this an ever ready, concentrated and non-irritant preparation.

We would urge physicians to give it a trial, take advantage of the improvements which scientific methods have placed at their disposal, and avoid the disappointment inevitably resulting from the employment of unskillfully prepared extracts of indeterminate strength.

When prescribing Ergot, specify **Parke, Davis & Co.'s "Liquor Ergotæ Purificatus."**

Jamaica Dogwood,

PISCIDIA ERYTHRINA. This drug is now for the first time placed before the medical profession of the United States for trial as to its general merits as a narcotic and anti-spasmodic, but more especially as a substitute for opium as an anodyne. According to Prof. Fernando Altamarano, M. D., of Mexico, experiments upon animals have demonstrated the power of this drug, in large doses, to produce prompt paralysis of the motor nerves, while it does not affect the great centres of innervation (cerebellum and medulla), the great sympathetic nerve or the smooth or non-striated muscular fibre. Neither does it affect the seat of intelligence, the heart rhythm, the temperature, or peristaltic action.

In the opinion of Prof. Altamarano piscidia is indicated in the following affections: writers' cramp, chorea, tetanus, poisoning by strychnia, puerperal eclampsia, convulsions in children, epilepsy, hydrophobia, and angina pectoris.

Dr William Hamilton, of Plymouth, England, in a communication to the *Pharmaceutical Journal*, speaks of this plant as a powerful narcotic capable of producing sleep and relieving pain in an extraordinary manner. He was induced to try it as an anodyne in toothache, and found a saturated tincture exceedingly efficacious, not only affording relief when taken internally but uniformly curing the pain when introduced upon a dossil of cotton into the carious tooth. He first tried it on himself, when laboring under severe toothache, taking a fluid drachm of the tincture in cold water on going to bed. He first felt a violent sensation of heat internally, which gradually extended to the surface, and was followed by profuse perspiration, with profound sleep for twelve hours. On awaking, he was quite free from pain, and without the unpleasant sensations which follow a dose of opium.

Dr Hansen, of Jamaica, writes concerning this drug, as follows:—In Brazil the bark of piscidia erythrina, as well as that of erythrina corallodendron, is extensively used under the name of mulungú or murungá.

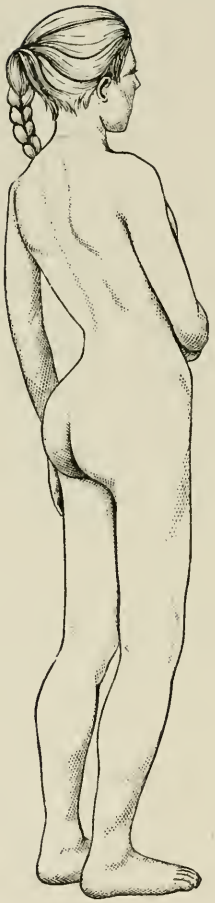
At present no one denies that the mulungu has an established reputation as a nervous sedative; it is applied by all the faculties, which proves that its therapeutical reputation is merited and confirmed. With us it is not only applied externally in lotions, but internally as well. Its action seems to be over the nerve centres; it causes sleep without producing the cerebral hyperæmia, which succeeds opium and the active principles extracted therefrom. The sleep is tranquil and refreshing; it soothes bronchial cough, and moderates the paroxysm in asthma and nervous coughs. It has also been pronounced an excellent remedy against chronic hepatitis and obstructions of the liver.

When prescribing Dogwood, specify **Parke, Davis & Co.'s "Jamaica Dogwood."**

PARKE, DAVIS & CO.,

Manufacturing Chemists,

DETROIT.



Pseudo-Hypertrophic Paralysis. Thirteen years old. Presented to the Society by Dr. J. P. Kingsley, Sept. 20th, 1879. See page 171.

September 20th, 1879.

Two Cases of Pseudo-Hypertrophic Muscular Paralysis.

Dr. J. P. Kingsley:—I have two cases to report this evening of unusual interest. The two girls who now stand before you came to my clinic a short time ago for treatment. On making an examination I discovered that they had that exceedingly rare affection known as pseudo hypertrophic muscular paralysis, or progressive muscular sclerosis. So rare is this affection that Wm. A. Hammond claims to have seen but two cases, and less than a dozen cases have been reported in the United States. Dr. A. J. Steele, of this city, reported, I believe, the eleventh case at the Missouri State Medical Association, at its last meeting.

The malady is pre-eminently one of infancy and childhood. It often manifests itself at so early an age that the children are never, even from the first, able to walk well. There is always observed early in the disease, a peculiar waddling gait, not unlike that of a duck, and the child often stands with its legs wide apart. There is usually weakness of the muscles of the legs and often of the entire body before hypertrophy takes place.

The disease is not ushered in with fever or pain, nor does the patient complain at any time during the progress of the disease, except of weakness and fatigue after muscular effort.

The elder of the two girls before us is thirteen and the younger ten years of age. They are sisters. The history, as obtained from the parents, is this: About six or seven years ago they observed that the eldest girl had a waddling gait, which they discovered after an attack of malarial fever. After a time they noticed that the calves of her legs were large, and yet the child seemed weak. This enlargement of the gastrocnemii is quite characteristic of the disease. They next observed the incurvation of the spine in standing or walking, which we observe so marked in the elder of the two girls before us. So great is the incurvation in the elder of the two girls before us that a plumb-line falling from the most posterior part of the spinous process of the vertebræ passes some little distance behind the sacrum. Duchenne considers this condition due to a weakness of the erector muscles of the spine.

The muscles of the trunk, as is often the case, are involved in the cases before us. The muscles of the arms have become considerably atrophied. The parents complain of the large number of dishes that have been broken by falling from the girls' hands in consequence of weakness. There is slight hypertrophy of the

deltoids, with marked sclerosis. There is also marked atrophy in the scapular region. This is especially marked in the younger of the two girls. The inner border of the scapulæ projects an inch. There is also marked hypertrophy of the gluteal muscles in both cases. The measurements of the circumference of the legs and thighs are as follows:

Right calf of the elder sister	$12\frac{3}{4}$ inches.
Left " " " "	$12\frac{1}{2}$ "
Thighs at largest part	14 "
Right calf of the younger sister	$11\frac{1}{4}$ "
Left " " " "	$10\frac{3}{4}$ "
Right thigh at largest part	$11\frac{3}{4}$ "
Left " " " "	$11\frac{1}{2}$ "

You will observe that when the elder girl sits down in a chair she falls into it, as it were, and she rises to the erect position with the greatest difficulty, and can do so only by putting one hand on each leg near the knee and bending forward. As she sits in the chair she is unable to put one leg over the other without seizing it with her hands.

These girls rise with great difficulty from a horizontal position, and they ascend a stairway with a very labored effort, and are enabled to do so only by seizing the railing with their hands. They walk the distance of a mile to my clinic, however, but feel quite tired after the exertion. The statement is made by writers that those affected with this malady stand and walk with their feet spread apart. The cases before us do not do so, and I have been informed by the father that they never have at any past time done so.

One interesting point connected with the cases presented to-night is the fact that they are both girls. About seven-eighths of all the cases thus far reported, and there have been less than a hundred in this country and Europe, have been boys.

They enjoy comparatively good health, and ever have from infancy. The parents ars also quite healthy, as are also six other brothers and sisters. They know of no disease of a similar character or any nervous disease in the family on either side.

The elder of the two girls is apparently as intelligent as girls of her age usually are. The younger of the two seems rather dull and learns quite slowly at school.

The similarity in the condition of the two is very great. The difference is apparently only in degree. The probability is that when the younger has reached the age of the elder she will be in the same condition, with the exception of being less intelligent and having a lateral curvature, as well as the usual incurvation of the spine.

The representation facing page 172, taken from a photograph, gives a very correct idea of the appearance of the eldest girl. She is represented as standing in a position which she herself

assumed, with one hand upon a rest to steady herself. The hypertrophy of the calves and gluteal region, as well as the incurvation of the spine, is well shown. The small size of the arms and projecting scapulæ evidence the atrophy that has taken place in the upper portion of the body.

The causes of the disease as yet seem to be enveloped in mystery. I am aware of no reasonable explanation of the etiology of the cases before us. Duchenne alludes to an hereditary tendency occasionally existing. It is a singular fact that when the disease is transmitted it is always from the mother's side. The parents make the statement that the girls had malarial fever previous to their observing their peculiar condition. As few escape malarial poisoning during their infancy and childhood in this locality, we cannot attach very much importance to that fact. The prognosis is most unfavorable. The only cases of recovery as far as I know, are two reported by Duchenne. The most that can be accomplished is a prolongation of life. A fatal termination usually follows in about five or six years, the progress of the disease being slow but constant. Death takes place in consequence of an involvement of the muscles of respiration, by exhaustion, or by some intercurrent disease.

Regarding the pathology of this peculiar affection I will state that Charcot considers the muscular lesion the essential one. Duchenne is undecided. Lockhart Clarke and Wm. A. Hammond consider the spinal lesion primary in all cases. In fact Hammond locates the primary disturbance in the anterior tract of gray matter.

Regarding the muscular lesions, all agree that atrophy of the muscular fibres and hyperplasia of the connective tissue surrounding them takes place. The hyperplasia of the connective tissue being greater than the atrophy of the muscular tissue, necessarily there is an increase in the size of the parts involved. Some of the muscles undergo atrophy without the hyperplasia. The atrophy is probably primary, as muscular weakness usually precedes enlargement.

The treatment recommended by nearly every writer on the subject is electricity, kneading the muscles, tonics, strychnia and iron being preferred. I have been following Hammond's directions in the cases brfore us. Applying the galvanic current to the spine or the Faradic current as strong as they can bear it, to the affected muscles. I will state that all the muscles respond to both currents. The response, however, is less to the Faradic than to the galvanic current. Internally I am administering strychnia and iron. I have been treating them now about one month, but as yet have observed no improvement.

Dr. W. L. Barret said that these girls had presented themselves at St. Luke's Hospital, but not belonging to the class of cases treated there, they had been referred to Dr. Mudd. Their

muscles were very much hypertrophied. Dr. Steele had reported a very interesting case of this kind, occurring in a man, to the State Association.

President Stevens:—Will the Doctor give the history of the family?

Dr. Kingsley said the family were all hearty and well, except these two children. There is a tendency for this disease to run in families; these two sisters evidence it; a nervous trouble or something of a similar nature, has affected some of the relatives. The pathology of these cases seems to me somewhat involved in mystery. Lockhart Clarke says it is a lesion of the muscles, and not of the nervous system. Duchenne and Hammond maintain it is a lesion of the spinal column.

Dr. C. H. Hughes being invited to give his opinion, said: I think there is no doubt of the pseudo-hypertrophy and muscular paresis of both these patients. I have under treatment a case that is quite the opposite of these—progressive muscular atrophy. But what is unique in this case is, so far as I have been able to discover, the muscular atrophy has generally implicated all of the voluntary muscles. We have in both instances, in the muscular fiber, the peculiar oily, fatty condition.

The Employment of Chloral Enemata in Delirium Tremens.

Dr. Hughes:—A few years ago I had occasion to call the attention of this Society to the very satisfactory results which I had obtained from the use of chloral in enemata for the arrest of puerperal convulsions, and the convulsions of childhood. I then alluded to the practice of Dr. J. M. Wallace, the Medical Superintendent of the Hillsborough Asylum, whose results in a large number of cases of epileptic convulsion were presented in a very interesting and readable paper, to be found in the "West Riding Asylum Reports" for 1875. It was from Dr. Wallace that I borrowed the practice of employing these injections in other cases, and I would like to suggest to the gentlemen who are concerned in the operation of the removal of tumors of the ovary, the propriety of first using these injections for the purpose of averting those troublesome consequences so common after the operation of ovariotomy and the administration of chloroform.

The value of the chloral hydrate injections may be discerned from the following memoranda of a persistently recurring case of delirium tremens:

Mr. Antoine F., now dead, had the first attack to which my attention was called, on the 22d of May, from which he was convalescent by the 31st inst. His condition was such that nothing

could be tolerated by the stomach. Chloral hydrate, in 60 grain doses, was given by enema, with beef tea, promptly resulting in sleep each day.

On the 6th of June following he was again attacked and during this attack he had two epileptic seizures; the cerebral condition was one of congestion. The same process as before was repeated with success. From August 23d to August 30th he had a recurrence of the disorder, and the same treatment was repeated with a like result. The quantity of the injections in these instances, however, being 80 grains of chloral hydrate. The next attack was on the 20th of September and ceased on the 27th. He was again down on the 1st of October, remaining sick until the 15th. It is customary for these cases to pass into the hands of the undertaker by the time they have gone through five attacks, and I presume but for the chloral, Antoine would have gone the way of similar cases before him. On the 23d of February, 1878, he had another attack, which lasted to the 1st of March. On the 21st of March he had another attack, which continued to the 27th. From April 19th to the 26th he again had delirium tremens, and on July 1st, 2d and 3d following, he fell sick and died of exhaustion, without delirium.

Now here are eight successive attacks of delirium tremens in the same person, at short intervals, all within the space of less than one year—from May 22d, 1877, to April 26th, 1878. I doubt whether any other mode of treatment would have sufficed to have enabled this gentleman to have so many attacks and yet get successfully through them in so short a time. I cannot recall another such instance in my own experience, nor can I recall the experience of any one else who has written on the subject, a single instance where eight undoubted attacks of delirium tremens have recurred within this space of time. The individual finally died, not of delirium tremens, but of pure exhaustion and starvation of the brain from failure of the absorbents to appropriate the necessary food to sustain life, and of the brain cells to assimilate the essential pabulum of cerebral nutrition, caused by the slow poisoning of alcohol. It should here be recorded that during the intervals between his attacks, the patient was directed to take and did take, though irregularly, bromide of ammonium, elixir of the valerianate of ammonia and camphorated tincture of opium, as a stimulant, and bromide of calcium and the syrup of the lactophosphate of calcium as a brain nutrient and tonic.

Dr. Moore:—How frequently did you repeat the injections?

Dr. Hughes:—I gave them until I produced sleep; I did not seek to maintain, however, a continuous sleep. I gave them myself, never entrusting them to the attendant, but remained with the patient until he went to sleep each time I visited him. One injection generally sufficed when it was not expelled.

Dr. Johnston inquired how large were the doses.

Dr. Hughes said: In the first few instances, 60 grain injections, but in the latter I found it necessary to use 80 grains dissolved in beef tea and capsicum. When he had epileptic disease seizures, bromide of potassium was added and the bromide was often given in the intervals of the chloral. I attribute the successful restoration of the man each time to the prompt arrest of the cerebral symptoms. The delirium was very marked in most of the attacks. Opium and other drugs were given him, but the irritable state of the stomach was such it was impossible to treat him in that way.

Dr. F. J. Lutz said he was very glad Dr. Hughes had brought up the subject of chloral in the treatment of delirium tremens. The specific object in therapeutic agents in delirium tremens was to produce sleep, and the question is, whether chloral is the best remedy. No one would deny the propriety and utility of the introduction of chloral into the rectum, but the sleep that is produced by chloral, as it seemed to him in the cases in which he had used it, had not been as beneficial as that produced by opium. It did not matter how the chloral was administered, the patients woke up and were as delirious as ever. He had given 60 to 80 grains in connection with bromide of potassium, and by itself; and again he had administered opium, and his patients woke up much more refreshed and felt better than when he gave them chloral. Whether the impression produced on the nervous center by opium was different to that produced by chloral, he did not know.

Dr. G. M. B. Maughs said he had not been satisfied with the result of chloral in puerperal convulsions, so little so that he did not use it. Its use was perhaps more general in delirium tremens. He noticed that all drunkards who use chloral hydrate in delirium tremens, were soon relieved of the delirium; they were relieved permanently — they died. It was a most dangerous experiment for a drunkard to make. It is a most powerful sedative, the man goes to sleep readily and never wakes. He (the speaker) regarded it as a very dangerous experiment to give so powerful a sedative as chloral to a delirium tremens patient, whose nervous system was already exhausted. He would prefer, like Dr. Lutz, to give opium.

Dr. Kingsley said it was unquestionably true that chloral hydrate was a dangerous drug; cases were reported in which it had produced death; 20 grain doses had resulted in alarming symptoms. He had administered chloral hydrate, about 15 grains, in conjunction with bromide of potassium, and in 24 hours his patient was entirely relieved.

Dr. C. E. Briggs said that he had had occasion to treat a number of cases of delirium tremens, owing to his connection with the Good Shepherd Institution. A number of those inmates were brought to the institution by the police, or when they were in a depressed condition; when they were put on the regimen of the house and deprived of stimulants, it was not strange that a number of delirium tremen cases were developed. It had been necessary for him to have a treatment that could be used in his absence. It would be remembered that eight or ten years ago there were several cases — one was at the Planters — where the use of chloral resulted fatally, and the deaths were so sudden and shocking that the whole matter was much discussed. In trying to make up his mind as to what was the best line of treatment, he (the speaker) had in view the treatment by Dr. Graves of Dublin. He had given up the use of chloral hydrate; he was afraid of it; it is not often he gives it. He had administered minute doses of tartrate of antimony and morphia, with such success that in eight years there had been no variation of the treatment. Excellent results had been so uniformly experienced that the sister in charge of the pharmacy does not have to call his attention always to the case.

Dr. G. Hurt said:—We have few specifics for any of the diseases of the human organism. In the case reported by Dr. Hughes, the treatment was very appropriate; at the same time I have no doubt Dr. Briggs has reason to be satisfied with his combination of tartrate of antimony and morphia. Now, for my own part, I have seen cases of delirium tremens in which I would prefer tartrate of antimony without morphia, and there are other cases in which we would expect to derive much better results from morphia without antimony. I would not like to confine myself, in a large practice, to any special combination of remedies in every case. I would like to have the privilege of varying my treatment, according to certain indications accompanying the particular condition of the system. I have seen cases in which I would not prefer giving opium, owing to the congestion of the brain, and I have seen cases of recent alcoholism in which I would prefer some cooling sedative to that of opium. I would sometimes prefer nitric ether to tincture of opium. There are cases in which the treatment by narcotics is dangerous, unless they are of the stimulating class.

Dr. A. Green said that when he was in the army in 1865 and 1866, he had a good many cases of delirium tremens among soldiers, and he used carbonate of ammonia, and if he thought it necessary, would give a few grains of quinine with Dover's powder. He had success, as his patients got well without any bad symptoms.

Dr. W. Johnston said that Dr. Dunglison had treated a delirium tremens patient by simply placing him in a tight room, and he had most admirable success. For thirty five years he (the speaker) had been more or less treating delirium tremens. He believed the object was to rid the system of its alcohol. If the patient has been persistently taking alcohol ten or fifteen days, the system has been overfed; that alcohol is a nutritive to the nervous system, he believed it was admitted. If the system was overfed they had to withdraw something, and they might have exhaustion from nervous excitement. If there be hyperæsthesia, hydrate of chloral was the remedy; it acted admirably; it had the advantage of opium—it did not check the secretions. If the state of the patient be that of exhaustion, the physician must discriminate—he had better not use any of these remedies. He believed that if the patient was put in a tight room, where nature could rid herself of the alcohol, as many would recover as from any other treatment.

Dr. J. M. Scott said that with some patients who used chloral without his consent, it produced a kind of delirium that he could scarcely distinguish from the delirium of alcohol. He had not abandoned it in cases of delirium, but he had not the confidence in it that he once had.

Dr. J. S. Moore said that a distinguished Irish physician of Dublin—and Irish physicians are usually posted in the several forms of alcoholism—recognized two forms of delirium: one depends on gastritis, another that results from the sudden withdrawal of alcoholic stimulants from those accustomed to their use. For instance, a young man meets with some misfortune—perhaps gets crossed in love—and he drinks a week or ten days, until his stomach will stand it no longer. It brings on gastritis, nausea, vomiting. The result of that gastritis is to affect the brain. Under these circumstances the authority before referred to says the proper treatment is to treat it as gastritis—give the patient plenty of ice water, let him swallow crushed ice, cup him, use warm fomentations. The removal of the cause cures his delirium tremens, after the effect on his stomach has been relieved. On the contrary, when the delirium tremens results not from the stomach, but (the patient, who has kept himself under the influence of alcohol, meets with an accident, and breaks his leg, or gets out of funds), from the withdrawal of the alcohol after his nervous system has been excited for a long time—the sudden withdrawal leaves his nervous system, as it were, in a state of anarchy. In this case opium is a first-rate remedy. I think the opium treatment is preferable. It produces a more permanent impression than chloral hydrate. The latter is transient, while the effects of opium are permanent.

Dr. Love said that while he was at the City Hospital he prescribed hydrate of chloral for delirium tremens patients, with very good and pleasant results. It was the practice of the institution to give hydrate of chloral almost exclusively, and in his own cases in doses of 60, 80 and 120 grains. Of course the patients were watched, and the chloral was given in large doses and never with bad effect.

Dr. Hughes said, in answer to Dr. Maughs, that in therapeutics, as in surgery, success depends very materially on the way in which one uses his tools. He could say, without exaggeration, that he had in his professional experience, in the hospital at Fulton and elsewhere, administered several hundred pounds of chloral hydrate; not mainly, however, to delirium tremen cases, but largely to cases in which there was delirium and insomnia; and yet he never knew of a sudden death resulting from it. In his practice he never administered two successive doses of chloral of sixty grains or more after an interval of less than six hours, and seldom had he administered that quantity more than once in twenty-four hours. The successful administration of chloral hydrate depends upon the manner in which it is used, and the deleterious consequences depend on the injudicious employment of the drug. It is more dangerous in small quantities, e. g., ten or fifteen grains, often and continuously repeated over a lengthened period, than in large doses—40 to 60 grains—with a long interval between them. Doses of any remedy which are abortive in their effects are unsatisfactory and often unsafe. That chloral hydrate in small doses is intoxicating there is no doubt. It is much like chloroform, alcohol and opium in this regard. Full doses induce sleep, small ones intoxicate. But there was not a case on record—and he challenged the proof—where a single 40 grain dose of chloral hydrate, given to a recumbent patient who had not been previously taking it to saturation in small doses, had produced fatal consequences. Patients who had died from chloroform had died from having the blood surcharged with the poison by too oft administration of too small doses. Certainly chloral is dangerous, so is opium, so is almost every potent drug, so is the assassin's knife, but the surgeon transforms it into an implement of cure. If the dead could speak they would probably tell us that opium had slain more victims than delirium tremens. He did not advocate chloral in preference to all other drugs at all times and under all circumstances, as a hypnotic in delirium tremens; never to the exclusion of the bromide of potassium and other efficient remedies, especially nutrients and capsicum. In the vast majority of cases of delirium tremens the system would right itself without narcotics if the stomach will but retain food. He believed he had cured as many cases with beef tea and capsicum as with anything else, and without any other remedy, except to let nature, a quiet room and time restore

the shattered nervous system. Chloral, if used at all, must be used in such doses as will take possession of the nervous system and when the patient is in a recumbent position, and not so frequently repeated either in small or large doses as to saturate the blood and poison the patient beyond therapeutic necessity.

Dr. Boisliniere said that the antidote for chloral was suggested by Liebig, the inventor of chloral. It is strychnine, in twelfth of a grain doses, at intervals of an hour.

SEPTEMBER 27TH, 1879.

Infantile Paralysis.

DR. J. P. KINGSLEY introduced a little boy as a contrast to the two children who were suffering from pseudo-hypertrophy, and who were presented at the preceding meeting. The Doctor said: I have concluded not to present the case, because the other cases I would present for contrast are not here. This is a case of infantile paralysis, and possesses no peculiar interest, but I present it to make comparison with the other.

About two years ago the little fellow was taken with fever. The family had been having malarial fever. It is not known whether this patient had malarial fever, but the parents suddenly discovered that the child was paralyzed in his lower limbs. In the course of four or five weeks he recovered sufficiently to be able to stand by a chair, and in two or three months he could walk a little. One limb recovered before the other. The left leg became considerably atrophied. The boy was always well nourished and strong; had been healthy, and has been since. He is constantly improving under the influence of electricity; in fact, all the cases are improving under the influence of the same agent, with the exception of the two girls I presented the other night. There is a difference in the two limbs. The temperature in the left leg varies from 91° to 92°, and in the other from 91° to 95°. The temperature has been as low as 90°, but there is a constant improvement, and the boy can use his limbs better day after day.

I am also treating a little girl, whose arm can be brought up or down; you can shorten the arm three-fourths of an inch by pushing it into the glenoid cavity. West alludes to one such case. In the case of the boy, whom I expected to be here to-night, the history is this: Eight weeks ago he had sore throat, with swollen neck; deglutition was difficult and painful. This sore throat and difficulty of deglutition lasted about five days; then malarial fever set in. Such is the history given by the parents. I did not see him then. He remained in bed two days. At the expiration of two days, during the malarial fever, the parents observed that his lower limbs were paralyzed, and that when he stood up they noticed the incurvation of the spine. The child was enabled to stand, and in a few days was able to walk, but always walked with that peculiar incurvation of the spine, and occasionally spread his fingers apart. Now he is commencing to run a very little, but he often stumbles and falls. There are five

children in the family; no others of them were affected; they are all healthy and well. Within a few days after he had the attack of sore throat there was severe pain in each ear; they both began to discharge, and one of them is discharging at the present time. The left leg of the child measures 7¼ inches, and the right leg 8¼ inches in circumference. The question arises as to the kind of paralysis with which he is affected, and I regret that he did not come down to-night.

The Origin of Malarial and Other Fevers.

DR. C. SPINZIG said:—If there is no other subject before the Society, I wish to present some facts with reference to the efforts now being made to demonstrate the actual poison that gives rise to infectious disease, so-called. And, so far as I understand, the author of the treatise falls back upon the doctrine advanced some years ago by Prof. Pettenkofer, of Munich. With reference to that, I possess evidence that will rather contradict the validity of that doctrine, and, if I may be permitted, I will exhibit some statistics that have been produced in our midst. In the year 1866 the City of St. Louis had a visitation of cholera, and suffered from that disease quite intensely. At that time I took leave to present to the Society a copy of this map.

[A map of the City of St. Louis was here exhibited, showing the blocks of houses, some of which were shaded and some not, to indicate the ratios of mortality from cholera.]

Dr. Spinzig continued: With reference to the facts exhibited by this map, I shall take leave to read a paragraph from an article published in the August number of the *London Practitioner*, and which is reproduced in the September number of the *St. Louis Clinical Record* of this year, entitled, "Recent Researches on the Nature of Malaria," etc., (by Prof. Klebs and Signor Tommasi Crudeli, who completed their investigations during the spring of this year in the *Agro Romano*), which reads as follows: "When the surface of the soil in which the poison is developed becomes dry and the evaporation from the sub-soil becomes very active, the poison can rise into the atmosphere under the influence of ascending currents of air."[1]

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1. This Commission "reached the preliminary conclusions that the true cause of malarial infection was to be sought for in the soil," but subsequently it claims to have discovered the actual "specific poison" of malaria in the form of a fungus development, now designated "Bacillus malariæ." This *new discovery* (?) however, resembles too closely that of Thomé, in reference to the "cylindrotænium," which was also announced to be the "specific poison," though of cholera; but when a British Commission was investigating the subject in India, no report could be returned to corroborate the "discovery" (?) of Thomé. The results of the investigation with regard to the "Bacillus Anthracis" are quite similar, and in reference to the "contagion" of the pest, the ridiculous "story of the shawl" had to be introduced, which was serving as an account for the oc-

This was the doctrine advanced by Pettenkofer in reference to malarial poison. He said the poison was carried from one locality to the other, and it would not infect the community unless it was deposited in the ground, from which it would escape by evaporation, multiplying and becoming potential in an inverse ratio as the subsoil water recedes from the surface of the ground. He said that from evaporation the poison would be carried into the atmosphere and spread infection. With reference to this, this map shows just the opposite, as to the spread or diffusion of cholera over the City of St. Louis. I have on this map indicated the height of the elevations of the city, taking a line termed the basis that is on a level with the directrix, taken from the surface at the foot of Walnut street and the levee. There we find that the elevations vary considerably. For instance, in this vicinity the elevations are not higher than 8 feet 2 inches, and the elevations between Chestnut, Olive and Locust streets, and so on, are about 61 feet; the elevations near Franklin avenue, between Washington avenue and Cass avenue, vary between 47, 49 and 69 feet. The elevations are much higher than at the foot of Plum street, or Myrtle street, or Elm street. As to the assertion of Prof. Pettenkofer with respect to the soil increasing the poison and making it stronger, we have here the evidence that this theory is contradicted. The shadings on this map indicate the mortality from cholera throughout the City of St. Louis in 1866. Where the shading is dark the mortality is heavy; if less dark, the mortality is less, and so on, until there is no case of cholera. We see that where there is 8 feet of elevation the mortality was as much as where the elevation is 69 feet. There at 8 feet hardly any surface was exposed, and at 69, where a difference of 61 feet of evaporating surface is met with, the mortality in a certain block is not greater than at 8 feet. On Olive street, at an elevation of 61 feet (with a difference of 53 feet of evaporating surface), there is no cholera mortality. This is one of the most interesting facts and the strongest argument against the theory. Here we have a clay formation of the ground, along Olive street, underlined with limestone rock. There is no difference in the formation in comparison to others, say along Franklin avenue. But here we find the population very different; along Olive street, in the one case, they are comfortably located, and in the other they are less comfortable, and in a great many quarters they live in filthy and crowded tenements. If then this organic poison should have existed and

currence of an epidemic at Odessa in 1812. During last winter, when the districts of Astrachan had a visitation of the pest, the same story was repeated again, only here a Cossack brought the shawl with other clothing that he gathered from half-decayed corpses, from the "Trans-Caucasian seat of war." However, pest cases were observed in Astrachan since May, 1877, and the *Turkish* Government declared quarantine against all vessels coming from *Russian* ports.—Telegram, Feb. 3d and 5th, 1879.

be necessarily diffused over the city by having entered the air, going into the ground and re-introduced, as a matter of necessity the deposition should have been as much manifested on Olive street as along other portions of the city, and its potentiality should have been as great as on Carr street and Franklin avenue. But we see there is a marked difference. On Olive street there is no cholera, but in the other locality we have cholera extending even further west than Jefferson avenue. So this theory cannot be admitted as valid, that there is a certain something that will enter the ground and then generate disease in proportion as the subsoil surface is increased. Again, with reference to the yellow fever epidemic of last year in the South, we find that the localities are mostly on low grounds, with very few exceptions. We find it almost entirely on alluvial ground. The only exceptions are the city of St. Louis, Mo., Louisville, Ky., and Gallipolis, O., where we have a carboniferous formation. Cincinnati, O., and Chattanooga, Tenn., have cambrian and silurian formation, the balance are on alluvial soil. It was elsewhere mentioned in regard to Holly Springs, Miss., that it lost but two by yellow fever, as the city was very clean and on sandy ground, but the soil is tertiary formation, the rest is alluvial. The so-called malaria could not have been diffused by evaporation for it further says in the report above quoted from, that the water was injurious to the germination of the poison because it would be extinguished by the excess of water; as quite in confirmation with Pettenkofer's doctrine; if water is at the surface the germs of the malarial poison would be rendered inactive. I invite attention to these facts to show that this bold hypothesis by Prof. Pettenkofer is not sustained by facts.

DISCUSSION.

Dr. W. Johnston said it was known that in the Mississippi Valley the limestone strata runs northwest and southeast. On the Kentucky river they found the blue limestone, running away into Tennessee. At Louisville the courthouse is built of limestone. There was gravel on the surface of the ground, but beneath there was limestone. He would not discuss the germ theory. In the month of August he was called to attend a child which had been healthy and vigorous, but was somewhat emaciated, had a dry skin and had difficulty in walking. He came to the conclusion that there was a diseased lymphatic gland, consequently he directed the use of blue pill, iodine, etc. There was some irritation or deposit, growing out of the diseased condition of the sanguineous system. The child lived in a locality where malaria was rife, and the child might have sat of an evening on the steps and taken cold from the stone. It would be seen, according to a recent writer on paralysis that malaria plays an active part in such cases, and according to the same writer

there is a state of the sanguineous system that results in a deposit of an organized substance which affects the function of the nerves. He administered tonics in the case referred to and the child was much improved.

DR. SPINZIG said, with reference to the case reported by Dr. Kingsley, he wished to state that he had had several cases of a similar character under treatment, and in one the application of electricity seemed to be of great use; the paralysis subsided; The boy was paralyzed in both legs, and he is now able to walk very well. He knew of two cases in one family, and in one particular case he believed the nervous system was not at all involved. The patient is a girl of about 10 years, very robust and healthy looking. About a year ago he diagnosed the case as an ordinary hip joint affection, and it was desired by the parents that he should call in Dr. Hodgen for consultation. This was done, and the given diagnosis was indorsed. In the treatment the ordinary extension was applied, with very good results. Subsequently there was no evidence left of the limb having been affected. Nearly a year afterwards the same trouble appeared again. The child is unable to walk without being assisted by a crutch, and the foot is turned outward. The foot is not shortened nor elongated; it is carried in a straight direction, conveying the idea that it was elongated. I cannot find any pathological lesion.

The other case is that of a boy in the same family, and he suffered from a similar affection of both hip-joints. One subsided very quickly, and the other is still affected, but slightly. I do not find any constitutional affection in the family, and the disease seems to be a local disturbance, affecting the joints alone. Electricity was also applied in both cases, but without any beneficial results.

OCT. 4th, 1879.

DR. T. F. PREWITT exhibited a pathological specimen and said: Seven years ago I was called to see an old lady, whom I found suffering from femoral hernia. All efforts at reduction failed and I operated and reduced the hernia, and she recovered without a bad symptom. She was instructed to wear a truss, and never to permit the hernia to protrude, if possible. On the 18th of September last I was called to see the same patient with a large femoral hernia—as large as my two fists— at the same site as on the former occasion. An intelligent physician had seen the case, had tried taxis and failed to reduce it. I also tried it carefully and failed. It was quite elastic and I suspected that it contained both intestine and omentum. The symptoms were not very urgent, but the parts had become very tender; there

had been some nausea and it still gave her considerable distress. Then it was a *femoral* hernia. I did not think it advisable, therefore, to make further efforts at reduction, and proposed an operation; in this proposition the physician in attendance concurred. She, too, in view of her past experience, was anxious for the operation. On making the incisions down to the sac and puncturing this, the tension was so great that the fluid spurted out a distance of several feet. Several ounces escaped in this way. I found the tumor to consist of a large mass of omentum, greatly thickened, having evidently been down and partially constricted for a long time. In other words it had become hypertrophied. It was a large mass, deeply congested in parts, totally irreducible, without first making a considerable incision in the neck of the sac, and even then could not with safety have been returned into the cavity of the abdomen. I therefore decided to ligate it and cut it off, which I proceeded to do. I show you here the mass removed. Of course I took the precaution to unfold it before ligating it. No bowel was found in it, though I suspect a portion of intestine had at first protruded and had been reduced by the taxis.

The operation was done under antiseptic precautions, a drainage tube introduced into the sac, and antiseptic dressings applied. She recovered without a bad symptom and is now well.

Dr. Lutz asked if the omentum was cold.

Dr. Prewitt:—It was not.

Dr. Lutz asked why he did not return it.

Dr. Prewitt:—Because it was practically a foreign body and would be liable to excite peritonitis. When the omentum has been recently strangulated and is in a healthy condition, the rule is to return it. If it is thickened and indurated, or hypertrophied, the rule is *not* to return it. He believed the better course was to excise it, for if allowed to remain in the sac, it might lead to an extension of the peritonitis and a fatal result.

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FREMONT, OHIO.

FREMONT, O., April, 1878.

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The difficulties attending the manufacture of Extract of Malt in large quantities, can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is, or should be, produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material ; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

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Under these circumstances, it is unreasonable to suppose that the various manufactures of fluid extracts, elixirs, pills, etc., (who attracted by the high reputation of our Extract of Malt), have recently in various sections of the country, undertaken the manufacture of a similar article, should generally succeed in producing it of a quality according to the fulsome praise with which their avertisements are filled. While being perfectly willing to let the reputation of our Extract of Malt rest upon its real merits, we owe it to the medical profession, as well as to ourselves, to give warning against imposition.

It has come to our knowledge that certain articles extensively advertised as "pure" and "genuine extract of malt," are composed chiefly of the substance called GRAPE SUGAR OR MALTINE, which, as is well-known, is the product of the action of the sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar of glucose, which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery sugar house syrup, "strained honey" native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and sugar cane.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of diastase, is now being offered for pure malt extract.

It is *malt extract* prepared from barley malt combined with the proper proportion of hops, that has been for many years the standard medicinal nutritive employed by the medical faculty of Europe, and especially of Germany. Its value has been established by experience, and its use in the treatment of almost all forms of disease of nutrition is constantly extending. We shall continue to devote the most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material and by unwearied personal attention to manufacturing details.

Attention is respectfully directed to the accompanying extract from Ziemssen, and also to our circular and testimonials elsewhere printed.

Very respectfully,
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FROM ZIEMSSEN'S CYCLOPÆDIA OF THE PRACTICE OF MEDICINE, VOL. XVI, PAGE 474 :

"The Malt Extract prepared from Trommer's receipt is designed to fulfill much the same purpose as cod liver oil, carbo-hydrates (malt sugar, dextrine), taking the place of fatty matter. The simple (much or little hopped) and the chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil ; they are more palatable and more easily digested, and should, therefore, be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of cod liver oil in the treament of phthisis, and other wasting diseases at the Basle Hospital, and we have as yet found no reason for returning to the use of the latter remedy. The Extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer or wine."

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The Regular Term will open February 2, 1880, and continue five months.

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THE PRELIMINARY AUTUMNAL TERM for 1879-'80 will begin on Wednesday, September 17th, 1879, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects and daily clinical lectures, will be given, as heretofore, by the entire faculty, in the same number and order as during the Regular Session. Students expecting to attend the Regular Session are recommended to attend the Preliminary Term, but such attendance is not required.

THE REGULAR SESSION will begin on Wednesday, October 1, 1879, and end about the 1st of March, 1880. During this Session in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

THE SPRING SESSION consists chiefly of recitations from text books. This Session begins on the 1st of March and continues until the 1st of June. During this Session, daily recitations in al the departments are held by a corps of examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

FACULTY.

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Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.

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Fees for Tickets to all the Lectures during the Preliminary and Regular Term, including Clinical Lectures	$140 00
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Dissection fee (including material for dissection)	10 00
Graduation fee	30 00

Fees for the Spring Session.

Matriculation (Ticket valid for the following Winter)	$ 5 00
Recitations, Clinics, and Lectures	35 00
Dissection (Ticket valid for the following Winter)	10 00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. Austin Flint, Jr., Secretary, Bellevue Hospital Medical College.

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ROBT. SATTLER, M. D. Lecturer on Diseases of the Eye and Ear.
A. D. BENDER, M. D., Lecturer on Larygoscopy and Diseases of the Throat and Demonstrator of Anatomy.
C. A. LE BOUTILLIER, M. D., Lecturer on Surgical Dressings.
CHAS. W. MATHERS, M. D., Demonstrator of Anatomy.

THE PRELIMINARY TERM of Lectures will begin September 3d, 1879, and continue one month. This course will be one of *unusual interest and importance* to physicians as well as students.

THE REGULAR WINTER SESSION will begin October 1st, 1879 and continue five months. This course will consist of Didactic Lectures with Demonstrations, Recitations, Clinical and Special Instruction, involving Physical Manipulations. From five to six Didactic Lectures and Demonstrations are delivered daily, covering the general topics of Medicine and Surgery as taught in all regular medical colleges.

CLINICS.—The Faculty confidently announce that students have, in this college, unsurpassed clinical advantages. *Four Special Clinics* are held daily in the college building (at which more than six thousand patient are examined annually), viz: In Practice Surgery, Gynæcology, Diseases of Children, Ophthalmology and Laryngology, in all of which advanced students have opportunities to make full examinations, especially in *Thoracic Diseases* and *Gynæcology*, and frequently to witness *Obstetric* cases. These clinics are free to students of the college. Two clinical lectures are delivered daily at the Cincinnati Hospital (near the college), during the entire college session.

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FEES:

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Regular Lecture Term	40 00	Hospital Ticket	5 00
Graduation fee	25 00	Alumni of this institution free.	

JOHN A. MURPHY, M. D., Dean.
162 WEST SEVENTH STREET.

WM. H. TAYLOR, M. D., Secretary,
329 WEST SEVENTH STREET.

THE JULY No. ended the thirty-sixth volume of the JOURNAL proper, but the department of the St. Louis Medical Society will continue to the end of the year before its volume will be closed. The department of the Tri-State Medical Society will be continued until the issue of the October number, when it will be closed. We expect to continue the publication of these two Societies, the transactions of which will form one volume per year, for each; therefore when the JOURNAL is bound for 1879, it will form two volumes of the JOURNAL proper—the thirty-sixth and thirty seventh—the second volume of the St. Louis Medical Society, and the first volume of the Tri State Medical Society, making four volumes in all.

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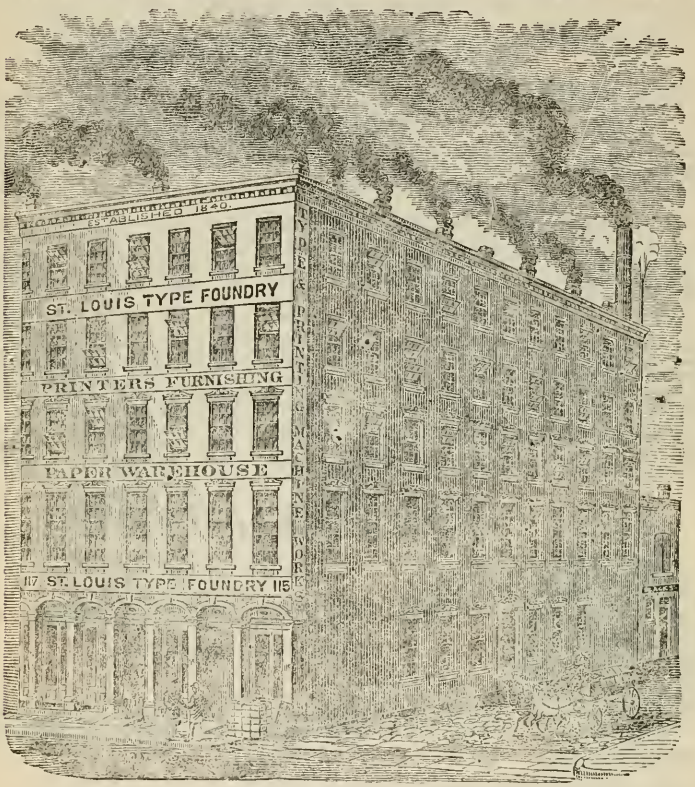

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